

L11000131538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

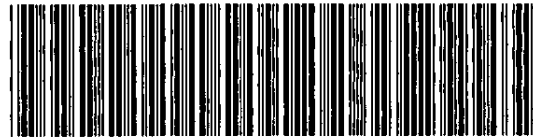
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2017 MAR 16 AM 8:23
TALLAHASSEE, FLORIDA

Office Use Only



700296024337

03/17/17--01002--006 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 16 PM 3:14

FILED

K. SALY

MAR 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rob Coluzzi Painting Services, LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert E Coluzzi

Name of Person

Rob Coluzzi Painting Services, LLC

Firm/Company

4627 Fenton Way

Address

New Port Richey, FL 34652

City/State and Zip Code

robcoluzzipaint@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E Coluzzi

at (727)

423-6522

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

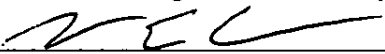
☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

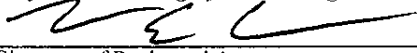
1. Name of the limited liability company: Rob Coluzzi Painting Services, LLC.
2. (a) 4627 Fenton Way, New Port Richey, FL 34652
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
4627 Fenton Way
New Port Richey, FL 34652
- (b) 4627 Fenton Way, New Port Richey, FL 34652
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
4627 Fenton Way
New Port Richey, FL 34652
3. March 13, 2017
Date of filing/registration in Florida
4. L11000131538
Document number
5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays Street, Tallahassee, FL 32301
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1201 HAYS STREET
TALLAHASSEE, FL 32301
- (b) Robert E Coluzzi
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4627 Fenton Way, New Port Richey, FL 34652
NEW Registered Office Address:
4627 Fenton Way
New Port Richey, FL 34652

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Robert E Coluzzi
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

FILED
2017 MAR 16 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA