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J. HARRIS

COVER LETTER

TO:	Registration Section		
	Division of Corporation		

SUBJECT: Superior Painting and Countings LLC
Name of Limbed 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.

Edward F. Shunskie Jr.

Superior Paint & Contrage LCC

4707 Wild Turkey Rd.

Mins, FL 32754 City/State and Zip Code

Mile Shepard floo Gmail (on E-mail address: (to the used for future annual report notification)

For further information concerning this matter, please call:

Michael Sheppanda 321, 302-8136
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

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:

S25 Filing Fee

S55 Filing Fee & Certified Copy

INHS18 (2/14)

STÂTEMENT 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. ALTION Principal office address of limited lightity company Mading address of limited hability company (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 8/03/15 Date of filing/registration in Florida Document number Edward F. Shinskip In Registered Agent and Registered Office shown on the records of the Florida Dept. of State 4207 Wild Turkon Rd
Registered Office Address (MUST RE FLORID STREET ADDRESS) Sheppenon_ Agent under SEW Registered Office address Michael E

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

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 Jamiliar 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 agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered affice address. I here we infirm that the limited liability company has been notified in writing of this change.

187 Signature of Registered Agent

> Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

4NHS18 (2/14)