## 

(Requestor's Name)		
(Address)		
(1.00.000)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
· ·		
(Business Entity Name)		
(Document Number)		
Codification of Outro		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special management to 1 ming emeet.		
ļ		





08/23/13--01007--003 \*\*25.00



## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Color 14.c.  Name of Limited Li	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
ANGEL R. BARROSC Name of Person	<u>)                                    </u>
COLORIY. COM UC	<u>,                                    </u>
5205 TIFFANY C	
CAPE CORAL FL 33 City/State and Zip Eode	904 EAR 3
INFO@COLORI4.COM	Sir S Sir S Nix S
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please	call:
ANGEL BARROSO at (3)	O5 431-7999 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	IL.

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited Viability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

9	•	
1. Nar	ne of the limited liability company:	COLOR 14. COM LLC
2. (a)	Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	company: 5205 TIFFANY CT CAPE CORAC, FL 33904
(b)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	SZOS TIFFANY OT CAPE CORAL, FL 33904
	07/29/2013	L13000106825
3. Dat	e of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
	Registered Agent:	UNITE STATES CORPORATION AGENTS IN
	Registered Office Address:	TAMPA, FL 33612
(b)	Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:	NEW Registered Office address:  ANGEL R. BALLOSO
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	SS) CAPE CORAL ,FL 33904
confirmand the liability the methe operature	med that after the change or changes are made business office of the registered agent will y company, it is hereby confirmed that the clambers of the limited liability company or as crating agreement of the limited liability company or a member or authorized representative of a member or typed name of signee	The stand garage to get in this canacity. I further garage to
I nere comply and I a Chapte addres	by accept the appointment as registered age, with the provisions of all statutes relative to the familiar with and accept the obligations of 608, F.S. Or, if this document is being files, I hereby confirm that the limited liability of	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

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