13000154953

(Requestor's Name)	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	K

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10/22/18--01015--021 **25.00

S. C.

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	LoRusso Painting LLC							
ЭОВ		Name of Limited Liability Company						
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Of	fice Change ar	nd fee(s) are submitted for filing.					
Please	return all correspondence concerning th	nis matter to th	ne following:					
Thon	nas LoRusso							
	Name of Person							
LoRu	usso Painting LLC							
	Firm/Company							
6020	Antigua Court,							
	Address							
Flem	ing Island, Florida 32003							
	City/State and Zip Code							
thom	as@lorussopainting.com							
Ì	E-mail address: (to be used for future and	nual report not	lification)					
For fu	rther information concerning this matter	, please call:						
Thon	nas LoRusso	904	424-5488					
	Name of Person		Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS:		MAILING ADDRESS:					
Registration Section Reg		egistration Section						
	Division of Corporations	vision of Corporations						
	Clifton Building		P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301	Τ	Tallahassee, Florida 32314					
	Enclosed is a check for the following	g amount:						
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

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

Florida	a.					
1. Na	ime of the limited liability company: LoRusso I	Painting LLC				
2. (a)	6020 antigua Court	(b)	(b) 6020 Antigua Court			
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability con (Note: MAY BE POST OFFICE B			
	fleming island florida	fl	eming	sland florida		
	32003		2003			
	10/13/2018	<u>L1</u>	30001	54953		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Thomas LoRusso					
J. ()	Registered Agent and Registered Office shown on the record	ds of the Florida De	pt. of Stat			
	President			2		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			3 5 1		
	6020 antigua court			C7		
	fleming island	FL_32003		FILED BOT 22 MI		
(b)	Connor Devine			TILED 2018 OCT 22 MIII: 21		
(0)	Enter name of NEW Registered Agent and/or NEW Regist	tered Office addre	<u>ss</u> :			
	Chief Operating Officer					
	NEW Registered Office Address:			-		
	6020 antigua court			_		
	fleming island	, FL_32003		_		
the cha agent v was/wa	imited liability company is not organized under thange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membricles of organization or the operating agreement of	ss of the register ed liability comp ers of the limite	ed offic pany, it i d liabilit	e and the business office of the registere s hereby confirmed that the change(s) by company or as otherwise provided in		
	of govern	The	omas	Printed or typed name of signee		
Signa	fure of a member or authorized representative of a member			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