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Division of Corporations

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APR 28 2020

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.

l. Na	nme of the limited liability company:	COLOR DES	SIGN PA	UNTING (CONTRACTORS	SLLC	,	
2. (a)	602 Sunset Rd.		(b)	P.O. BO	X 5517			
2. (a)	Principal office address of limited lia (Note: MUST BE STREET A				Aailing address of limite (Note: MAY BE POS		-	-
	Plant City, FL 33563			Plant Cit	y, FL 33563			<u>-</u>
	04/11/2014			 L1400006	50196			
3.	Date of filing/registration in	r Florida	4.		Document number			
5. (a)	Eleazar Zambrano							
- (-)	Registered Agent and Registered Office show	wn on the records of	the Florida	Dept. of State	: :		25	
	602 Sunset Rd.)20	
	Registered Office Address (MUST BE F	LORIDA STREET.	ADDRESS)	!		•	2020 APR	
							27	
	Plant City	CI.	33563					
		·					AM 10: 08	9.51
(b)	UNITED STATES CORPORATION AGENTS, INC.						 O	
	Enter name of NEW Registered Agent and		•	Φ				
	5575 S. Semoran Blvd., Suite	36						
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·						,
	Orlando	, Fl	32822					
the changent vas/we the arti	imited liability company is not organising or changes are made, the Florida will be identical. Or, in the case of a great authorized by an affirmative vote icles of organization or the operating ture of a member or authorized representative	street address of Florida limited li of the members of agreement of the	f the regis ability co of the lim: : limited li	tered office mpany, it is ited liability	e and the business of s hereby confirmed y company or as oth apany.	ffice o that th erwise	of the reg	gistered e(s)
I here provisi the obi to men notified	by accept the appointment as register ions of all statutes relative to the profigations of my position as registered elv reflect a change in the registered d in writing of this change. CHEYENNE MOSELEY, AS STATES CORPORATION AS for of Registered Agent	red agent and agr per and complete agent as provide office address, I SISTANT SECRETAR	performed d for in C hereby co	in this cape ince of my c hapter 605 infirm that	ocity. I further agre	e to c	amnlv w	ith the accept g filed been