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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 13 2015 T. CARTER

COVER LETTER

TO: ♣ Registration Section Division of Corporations			
SUBJECT: Perfection Paintage Body CCC 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:			
Michael C. Mooney Name of Person			
1			
Perfection Paint Body CCC Firm/Company			
709 West US Highway 92 Address			
Seffner, CC, 33584 City/State and Zip Code			
mmoney @ Perfection Paint and body E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Michael CManey at (321) 231 - 9979 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 & Certified Conv			

INHS18 (2/14)

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. Na	me of the limited liability company: Erfaction Paint a Bo	ody LLC	
	709 W US Highway 92 (b) 709	W US Highway	92
	Principal office address of limited liability company:	Mailing address of limited liability con	
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE B	<u>()X</u>)
	Seffner, 71 33584 Seffi	ne/, 71. 33584	
	March 30, 2015 L15	0000 55837	
3.	Date of filing/registration in Florida 4.	Document number	
5 (-)	United States Corporation Agents, Inc.		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	_ :e:	
		•	
	Registered Office Address (MUSTE FLORIDA STREET ADDRESS)	_	
	And A 21 32/12		
	1/1/11, 71. 3361L	- 5	TAL
	TAMPA', - ,FL 336/2	APR	ES.
	1, = 0:10/	7	E A T
(b)	Jacob I. Reiber	. O	SER
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	PH	뜻유 <mark>다</mark>
	26650 Wesley Chapel Blud.	2: 5 <u>9</u>	STATE
	NEW Registered Office Address	_)
	Suite A		
	1 1	···· 4 7	
	Lut2 ,FL 33559	- 7203	
the cha agent w was/we	mited liability company is not organized under the laws of the State of Florige or charges are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability	e and the business office of the r s hereby confirmed that the char cy company or as otherwise prov	egistered
the arti	cles of orean zation or the operating agreement of the limited liability con		
Signal	re of a member or authorized representative of a member	Printed or typed name of signee	
_	4 1		
provision the obli to mere	y accept the appointment as registered agent and agree to act in this cap one of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 60: by reflect a change in the registered office address, I hereby confirm that in writing of this change.	acity. I further agree to comply duties, and I am familiar with as, F.S. Or, if this document is be the limited liability company ha	with the nd accept eing filed s been
Signatur	e of Registered Agent		
/	Division of Cornerations P O Rev 6327e Tallahas	1800 KT. 37314	