## LIL 0000 24594

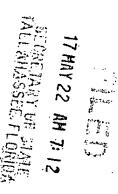
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Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MCDaniel'S Painting, LLC Name of Limited Liability Gompany		
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:		
Brenton McDaniel Name of Person		
MCDONIEL'S Painting, LLC Firm/Company		
4171 Buttonbush Circle		
Lakulad, Flarida 33811 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Brunton McDaniel at (352) 346-9412  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 Copy		

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.

rioriuu.
1. Name of the limited liability company: MCDaniel's Painting LLC
2. (a) A171 Buttonbush Circle (b)
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
Lawland, Florida 33811
_5/11/2017 L1600024594
3. Date of filing/registration in Florida 4. Document number
5. (a) Brunton W MCDaniel
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4 171 Buttonbush Circle Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Lakeland, Florida 33811
FL SA
The only 1000 V
(b) OSCDM COOK Enter name of NIW Registered Agent and/or NEW Registered Office address:
Enter hance of All W Registered Agent and of March Registered Office address:
126 Britlary Drive
NEW Registered Office Address:
Lakelord, Florida 33809
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    Dven + 6u   McDane     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
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.

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