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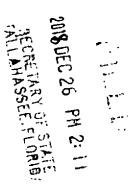
(	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section			•
	Division of Corporations			1 5 E
SUR	ANGELIC PAINTING, LLC			MOEC 26
5000		ne of Limited	Liability Company	10 C
Dear	Sir or Madam:			SECTION 22
The c	nclosed Registered Agent/Registered Of	fice Change ar	ad fee(s) are submitted for filing.	95
Please	e return all correspondence concerning th	nis matter to th	e following:	,
JAM	ES ARMENTO			
	Name of Person			
ANG	ELIC PAINTING, LLC			
	Firm/Company		<del></del>	
127	NOTTINGHAM ROAD			
	Address			
ROY	'AL PALM BEACH, FL 33411			
	City/State and Zip Code		<del></del>	
THE	FAUXKINGUY@GMAIL.COM			
	E-mail address: (to be used for future an	nual report not	ification)	
For fu	orther information concerning this matter	, please call:		
JAM	ES ARMENTO	561	ຸ 584-0221	
	Name of Person	ar (	Area Code & Daytime Telepho	one Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	В П Р	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassec, Florida 32314	
	Enclosed is a check for the following	g amount:		
	<b>☑</b> \$25 Filing Fee		\$55 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

127 NOTTINGHAM ROAD		(b) 127	NOTTINGHAM ROAD
Principal office address of limited liability (Note: MUST BE STREET ADDR		· · <del></del>	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)
ROYAL PALM BEACH, FL 33411		RO	YAL PALM BEACH, FL 33411
May 23, 2016		 L160	000100008
Date of filing/registration in Flor	rida -	 }.	Document number
TAMMY BISHOP			
127 NOTTINGHAM ROAD  Registered Office Address (MUST BE FLORI	IDA STREET ADD	RESS)	
	IDA STREET ADD	RESS)	
		<u>RESS)</u> 411	20 % C
Registered Office Address (MUST BE FLORI			20 M DEC
Registered Office Address (MUST BE FLORI ROYAL PALM BEACH	FL	<b>111</b>	20 & DEC 26
Registered Office Address (MUST BE FLORI ROYAL PALM BEACH  JAMES ARMENTO	FL	<b>111</b>	2014 DEC 26 PH 2 2014 DEC 26 PH 2 SECRETARY DES
Registered Office Address (MUST BE FLORI ROYAL PALM BEACH  JAMES ARMENTO  Enter name of NEW Registered Agent and/or NE	FL	<b>111</b>	20 M DEC 26 PH 2: 11  20 M DEC 26 PH 2: 11  SECRETARY OF STATE  FALLAHASSEE FLORIE:

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

Printed or typed name of signee

JAMES ARMENTO

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.

Signaplie of Registered Agent