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## COVER LETTER

Division of Corporations							
SUBJECT: A & P'S Paint and Body, LLC Name of Limited Liability Company							
Dough a Make							
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:							
Adiel Sanchez  Name of Person  Alp's Paint and Body, LLC  Firm/Company							
3620 39Th 5T. N. Address							
SAINT Peters burg, FL 33713 City/State and Zip Code							
Adielsanchez1@hotmailocom E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Adiel Sanchez at 727,400-9023							
Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: MAILING ADDRESS:							
Registration Section Registration Section							
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32314							
Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							
■ \$25 Filing Fee							

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.

				$\sim$	
1. Name	e of the limited liability company: <u>A&amp;PS</u>	Par	nt an	id Body, LL	<u></u>
2. (a)		(b)	\$	,1 · · · ·	
() <u></u>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			failing address of limited liab	
_	3620 39Th ST. N.		362	0 39Th ST.	N.
	ST. Petersburg, FL 33713	<del></del>	ST.T	Petresbug Fl	33713
	7/25/2016		1	1600013857	15
3.	Date of filing/registration in Florida	4.	J	Document number	
5. (a) _	· · · · · · · · · · · · · · · · · · ·				
Re	egistered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:	-	
	OHILDA ORTEGA			ALL	17
Re	egistered Office Address (MUST BE FLORIDA STREET A	DDRESS)			<b>=</b>
	8641 Robin Rd			5.2	7 4***
	Seminole, FL	33	777	SES. J	<b>3</b> / 5
(b)	Adjel Sanchez				7 5
En	ter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addr	ess:	Sec. 1	
N	EW Registered Office Address:				
	3620 39Th ST. N.				
	Saint Petersburg, FL	33	713		
If the limit	ted liability company is not organized under the law	s of the S	tate of Flor	ida, it is hereby confirm	ned that after
the change	e or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liab	he registe	red office a	and the business office	of the registered
was/were a	authorized by an affirmative vote of the members of	the limit	ed liability	company or as otherwis	se provided in
	s of organization or the operating agreement of the li	imited lia	A	ا جست	
Ц	Thel Sanchue			Sanchez	
Signature	of a member or authorized representative of a member		F	Printed or typed name of sign	ee
provisions he obligat to merely i notified in	accept the appointment as registered agent and agre of all statutes relative to the proper and complete p tions of my position as registered agent as provided reflect a change in the registered office address, I he writing of this change.	e to act in erforman for in Ch ereby con	this capac ce of my du apter 605, i firm that th	city. I further agree to c sties, and I am familiar F.S. Or, if this docume e limited liability comp	comply with the with and accept nt is being filed any has been
	egy)				
Signature of	Registered Agent				