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COVER LETTER

TO:		stration Section sion of Corporations						
SUBJE	CT.	. 3D Paint & Sip, LLC						
CODGE	2011	Name of Limited Liability Company						
Dear Si	ir or N	Лadam:						
The end	closed	Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please	return	all correspondence concerning th	is matter to the	following:				
Keath	nel Cl	nauncey, Esq.						
		Name of Person						
Fresh	Leg	al Perspective, PL						
		Firm/Company		_				
6930	W. L	inebaugh Avenue						
	-	Address						
Tamp	a, Fl	_ 33625						
	÷	City/State and Zip Code		•				
Conta	act@	BLTFL.com						
Е	-mail	address: (to be used for future and	nual report notif	ication)				
For fur	ther in	nformation concerning this matter	, please call:					
Keath	el Cl	nauncey, Esq.	at (448-1042				
		Name of Person		Area Code & Daytime Telephone Number				
	Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle whassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 ellahassee, Florida 32314				
	Enclosed is a check for the following amount:							
	Ø \$3	25 Filing Fee	□ \$	55 Filing Fee & Certified Copy				
INHS18	8 (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: 3D Paint & Sip	, LLC		
2.	(a)	1572 Central Avenue	(b	7897	Sailboat Key Blvd South
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (#306	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		St. Petersburg, FL 33712		South	Pasadena, FL 33707
		09/01/2016		L16000	0164303
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Fresh Legal Perspective, PL			
		Registered Agent and Registered Office shown on the records of the	Florida	Dept. of S	tate:
		3802 Ehrlich Road			<u> </u>
		Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	2	
		Suite 308			AREA NO.
		Tampa _{F1.} 3	3624		8 5 5 F
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O		ve dress:	PL FLORIBA
		6930 W. Linebaugh Avenue			_
		NEW Registered Office Address:			
		Tampa _{FL} 3	3625		
the age	cha ent w s/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line	ne regis ility co the lim mited l	stered off ompany, i ited liabi iability c	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
-	ignar	tire of a member or authorized epresentative of a member	1/60		Printed or typed name of signee
I h pro the to t	erel visi obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided j ly reflect a change in the registered office address, I he is writing of this change.	to act erforme for in C reby co	in this ca ance of m Thapter 6 onfirm th	anacity I further agree to comply with the

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

Signature of Registered Agent