## 116000199096

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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**S Warren** DEC 2 1 2016

## **COVER LETTER**

TO: Registration Section

Divi	ision of Corporations					
SUBJECT:	Paint Outside the Wines, LLC					
Debone I.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the fo	ollowing:			
Karla Seg	ura Galindo					
	Name of Person		_			
Paint Outs	side the Wines, LLC					
	Firm/Company	,	_			
2708 Sant	ta Barbara Blvd. S, Suite 149	)				
	Address		_			
Cape Cora	al, Florida 33904					
	City/State and Zip Code	****	<del></del>			
karla@zei	iter.com					
E-mail	address: (to be used for future ann	nual report notific	ration)			
For further i	nformation concerning this matter	, please call:				
Karla Seg	ura Galindo	239	573-6990			
	Name of Person	\	Area Code & Daytime Telephone Number			
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
<b>2</b> S	25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18 (2/14	4)					

## 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.

	me of the limited liability company: Paint Outside 2708 SANTA BARBARA BLVD. S				ANTA BARBARA BLVD. S
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	(b)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	SUITE 149			SUITE	149
	CAPE CORAL, FL. US 33904	_		CAPE (	ORAL, FL. US 33904
	October 28, 2016		Ļ	.160001	99096
3. 5. (a)	Date of filing/registration in Florida KARLA J SEGURA GALINDO	4.			Document number
5. (a)	Registered Agent and Registered Office shown on the records of the 904 SE 32ND ST	ne Flori	da I	Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRES	<u>55)</u>		
	CAPE CORAL , FL	3390	4		
(b)	KARLA J SEGURA GALINDO				20 m
(5)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	ddı	ress:	707 75 75
	2708 SANTA BARBARA BLVD. S				O3
	NEW Registered Office Address: SUITE 149				_
	CAPE CORAL .FL	3391	4		
the cha agent v was/we the arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member	the reg bility of the li imited	gist cor mit I lia	ered officenpany, it is ted liability contacts	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p ignious of my position as registered agent as provided ely reflect a charge in the registered office address, I had in writing of the change.	ee to a perfori for in ereby	ct i ma, Ci coi	in this cap nce of my hapter 60 nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

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