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To:	Division of Corporations Fax Number : (850)617-6383			RECE	RECEIVED	
from:	Account Numbe Phone	: REGISTERED r : 12009000008 : (307)200-28 : (855)330-10	1 03	- NAL	9 2018	
	email address for report mailings		•	ASS.	FIL	
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Flectronic Liling Menu-

Estimated Charge

Corporate Liling Menti

D. SCRTT JAN 1 0 2013

\$25.00

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	ame of the limited liability company: UNICC	ORN INNOVA	TIONS, LLC		
2. (a)	260 1ST AVE S		(b) 260 1ST AVE S Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	: »			
	ST PETERSBURG, FL 33701	TERSBURG, FL 33701			
	06/14/2017	L170001	130365		
3.	Date of filing/registration in Florida	4,	Document number		
5. (a)	PERCY, WILL		-d -		
. , ,,,,	Registered Agent and Registered Office shown on the record	Is of the Florida ept. of State	TALLE T		
	260 1ST AVE S		AH I		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	TILED TILED		
			EE OF D		
	ST PETERSBURG	բլ 33701	FLC		
			30 MILE MILE		
(b)	Registered Agents Inc.		- -		
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office address			
	3030 N. Rocky Point Dr.				
	NEW Registered Office Address:		•		
	STE 150A				
		····· · · · · · · · · · · · · · · · ·	-		
	Tampa	.FL 33607			
the cha agent v was/we the arti	imited liability company is not organized under the same or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	e laws of the State of Floss of the registered office ed liability company, it is ers of the limited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.		
Signa	nure of a member or authorized representative of a member		Printed or typed name of signee		
I here provis the obt to mer notifie	by accept the appointment as registered agent and tons of all statutes relative to the proper and compligations of my position as registered agent as profely reflect a change in the registered office address of this change. Bill Havre - Assis	l agree to act in this cap bleie performance of my vided for in Chapter 605 ss. I hereby confirm that stant Secretary	acity. I further agree to comply with the duties, and I am Jamiliar with and accept b, F.S. Or, if this document is being filed the limited liability company has been		
Signatu	ire of Registered Agent	•			

• • •

From Fax 7272142814

Tue 09 Can 2018 02:36:04 AM EST

Page 1 of 6

1.9.18

Please find attached the Amendment to my company, Untethered Painting, LLC, of which I am a member. Thank you. \hat{A}

Regards,

Urbra Fantkner

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Total

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