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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LLBM PA	INTING LLC, ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
ZENIN MONTEN  Name of Person	JEGRO_
LCBM PAINTIN Firm/Company	6 LLC_
118 CENTRAL AUEN Address	UUE
DELRAY BEACH F'C City/State and Zip Code	33483
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter.	please call:
Lenin Montenegro	at (561 ) 436-0385
Name of Person	Area Code & Daytime Telephone Number  ↑
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS 18 (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

2. (a)		(b)		_
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of l	imited liability company: POST OFFICE BOX)
	118 Central Avenue	_	335 E Lint	on Blud # 1946
	Delray Beach FL 33483	-	Delroy Beo	ch FL 33483
	Sep 22, 2017  Date of filing/registration in Florida		2170001969	16
3.	Date of filing/registration in Florida	4.	Document num	ber
5. (a)	UNITED STATES CORPORATE Registered Agent and Registered Office shown on the records of the I	_		۷.
	Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)		
	5575 S. Semoran Blue	₹ 5	oute 36	~.
	Oclando ,FL3			77 773 71 :
(b)	LLBM PAINTING LLC,			i
(0)	Enter name of NEW Registered Agent and/or NEW Registered Off	ice addr	ess:	2
	NEW Project College Address			<del></del> ω
	NEW Registered Office Address:			င်း က
	_118 CENTRAL AUE			
	DELRAY BEACH .FL 3	34	83_	
the cha agent v was/we	imited liability company is not organized under the laws or inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabile are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the lim	of the S registe ity com e limit	tate of Florida, it is hereb tred office and the busines pany, it is hereby confirm ed liability company or as	ss office of the registered ned that the change(s)
	duryry white of a member or authorized representative of a member		Lenin Monte	negro
I heret provision the obli to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree to one of all statutes relative to the proper and complete per igations of my position as registered agent as provided for ely reflect a change in the registered office address, I here I in writing of this change.	a act ii	ı this capacity: I further i	geree to comply with the

. . . . .