18000028828

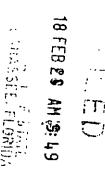
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





500309052565

02/20/18--01005--018 **55.00



FEB 2 1 2018
Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Warner Brothers Painting Name of Limited Liability Company				
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:				
Sherman Warner Name of Person				
Warner Brothers Painting Firm/Company				
11 40 W 3 5 5 F Address				
Rivitra beach Fla 33404/ City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sherman Warner at (561) 727-6172 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				

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.

1. Nar	me of the limited liability company: Warner Brother	S Painting
		1140 × 35 St Riviera Beach
` , _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4.	00308664095 Document number
	Sherman Warner Registered Agent and Registered Office shown on the records of the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Palm beach County	
	Riviera Beach, FL 3340	<u> </u>
	Sherman Warner Enter name of NEW Registered Agent and/or NEW Registered Office addre	SSS: 200
	NEW Registered Office Address:	
	Palm Beach (ounty	AM 50
	Riviera Beach FL 334	04
the chan agent wi was/wer	mited liability company is not organized under the laws of the Stange or changes are made, the Florida street address of the register ill be identical. Or, in the case of a Florida limited liability compression and affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability.	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Signatu	She use of a member or authorized representative of a member	Printed or typed name of signee
provisio the oblig to merel	y accept the appointment as registered agent and agree to act in first of all statutes relative to the proper and complete performant gations of my position as registered agent as provided for in Chally reflect a change in the registered office address, I hereby confin writing of this change.	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
Signature	e of Registered Agent	