## 118000128004

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## 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.

. Na	me of the limited liability company: Spreading C	olors LLC		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	5229 Bon Vivant Drive Unit 185	5229 Bon Vivant Drive Unit 185		
	Tampa, FL 33603		Tampa, FL 33603	
	May 22, 2018	L18	8000128004	
	Date of filing/registration in Florida	4.	Document number	
(a)	Darlene Drew			
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Darlene Drew			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<del> </del>	
	5229 Bon Vivant Drive Unit 185			
	Tampa, F	33603		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  Keishun Currie			
	NEW Registered Office Address:			
	11756 Spring Tree Lane			
	Port Richey	34668		
e cha gent v as/we e arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Mulliper of the members of the case of organization or the operating agreement of the members of the case of organization or the operating agreement of the members of the case of organization or the operating agreement of the case of the c	of the register liability comp s of the limited he limited liab	ed 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 ility company.  L. White	
•	ture of a member or authorized representative of a member		Printed or typed name of signee	
isi bi r	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	gree to act in te performanc led for in Cha I hereby confi	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed frm that the limited liability company has been	
	e of Registered Agent			