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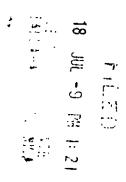
	(Requestor's Name)	
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Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Next Wave Painting, LLC Name of Limited Liability Company					
Dear Sir or Madam:					
Deal 31 of Madain.					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Brian Addonizio Name of Person					
Next Wave Painting, LLC Firm/Company					
20 Brook Dr Address					
Sinta Rosa Beach, Tr 32459 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Bran Addonizio at (850) 499 6969 Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314					
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
\$25 Filing Fee \$25 Filing Fee & Certified Copy					
[NHS18 (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.	Name of the limited liability company: Next Wave F	Vainti	ho.	660		
	$\gamma \sim \Omega / \Lambda$	0 B	rik Dr	-		
`	Principal office address of limited liability company:	_	address of li		-	•
	(Note: MUST BE STREET ADDRESS)		MAY BE		,	3(/A)
		inta	Losa	15-20-4	ch,	FL_
	32459 (same as before) 3	,2459	(5	a me	95	beter
	7/2/18	1800	06/602	5 85°		
3.	Date of filing/registration in Florida 4.	Docui	nent num	ber		
5. ((a) Cole Huffer					
J. (Registered Agent and Registered Office shown on the records of the Florida Dept. of S	State:				
	20 Broke Dr					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Santa Rosa Beach, FL					
	. ,			- • ,		
	(Same as before) 20 32459	_	ī	<u>a.</u>	œ	
(b	b) Brian Adlonizio			**	- JUL	r)
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				ڧ	Cin
	20 Brock Dr Santa Pasa Be	each, t	=L	e1 ·	72 	ζ.
	NEW Registered Office Address:	,		, jei	<u>دع</u> :	
	32459				_	
	. FL					
	, 1 6	<u> </u>				
If the	e limited liability company is not organized under the laws of the State of change or changes are made, the Florida street address of the registered of	Florida, i	t is hereby	/ confirm	ned the	at after
agent	it will be identical. Or, in the case of a Florida limited liability company, i	it is hereb	y confirm	ed that t	he cha	inge(s)
	were authorized by an affirmative vote of the members of the limited liabiged by a second to the limited liability of the		oany or as	otherwi	se pro	vided in
			Q. c			
Sig	gnature of a member or authorized representative of a member	Printed) (کر i or typed na	ıme of sigi	nee	
provi	reby accept the appointment as registered agent and agree to act in this c visions of all statutes relative to the proper and complete performance of n obligations of my position as registered agent as provided for in Chapter 6	mv duties.	ånd I am	Familiar	with i	md accent
to me notif	obligations of my position as registered agent as provided for in Chapter 6 serely reflect a chapte in the registered affice address. I hereby confirm the feel in writing of this chapte.	hat the lim	ited liabil	ity comp	oany h	as been
Signa	Hore of Registered Avent					