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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FLO PAINTING LLC 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:		
Beatrice Todorut Name of Person		
FLO PAINTING LLC Firm/Company		
1961 Lillie St Address		
Fort Myers FL 33916 City/State and Zip Code		
bellabea 18@ gmail.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Beatrice Tocloret a1 (239) 287-2579		
Name of Person Area Code & Daytime Teleph	one Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Clifton Building Division of Corporations 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 \$\Bigcup \\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparabilitis the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1.	Na	ime of the limited liability company: FLO Painting LLC
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) [96] Lillie St. Ft. Myers FL 33916 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.		7-9-18 Date of filing/registration in Florida 4. Document number
5.	(a)	United States Corporation Agents, INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Tampa .FL 33612
	(b)	Beatrice Todorut Enter name of NEW Registered Agent and/or NEW Registered Office address:
		NEW Registered Office Address:
		Fort Myers , FL 33916
tne age was	chai nt w s/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after age or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the class of organization or the operating agreement of the limited liability company.
	onati	are of a member or authorized representative of a member Liviv Solution Printed or typed name of signee
Ih	ereb	Vaccent the appointment as registered agent and agree to get in this sense it. I foul was a selected as
pro the to n	visio obli iere Ged	in welcopi the appointment as registered agent and agree to act in this capacity. I further agree to comply with the onso of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00