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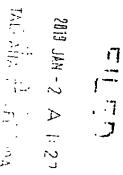
(Red	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Nikipaint LLC ECT:				
		ne of Limite	ed Li	ability Company	
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change	and	fee(s) are submitted for fil	ing.
Please	return all correspondence concerning th	is matter to	the i	following:	
Nicol	e Gilmore				_
	Name of Person			_); (10)
	Name of Person				<u>.</u>
Nikip	aint LLC				
	Firm/Company				•
5264	NE 2nd Terrace				- - 1
	Address				÷ .
Ft La	uderdale Fl 33334				
	City/State and Zip Code				
nikipa	aint@gmail.com				
	E-mail address: (to be used for future ann	ual report	notifi	cation)	
For fu	rther information concerning this matter,	please call	:		
Nicol	e Gilmore	954	L	6357319	
		at (
	Name of Person			Area Code & Daytime To	elephone Number
	STREET/COURIER ADDRESS:		MA	ILING ADDRESS:	
	Registration Section		Registration Section		
	Division of Corporations	Division of Corporations			
	Clifton Building		P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tal	lahassee, Florida 32314	
	Enclosed is a check for the following	amount:			
	■ \$25 Filing Fee	C	3 \$ 5	5 Filing Fee & Certified C	ору
INHSI	8 (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.

l. Na	Mikipaint LLC une of the limited liability company:		
?. (a)	5264 NE 2nd Terrace Ft. Lauderdale Fl 33334 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_	
	09/05/2018	- l	L18000211209
(a)	Date of filing/registration in Florida Nicole Gilmore	4.	Document number
. (a)	Registered Agent and Registered Office shown on the records of the	e Florida l	1
	Registered Office Address (MUST BE FLORIDA STREET AL 5264 NE 2nd Terrace	DDRESS)	2
	Ft Lauderdale 3	33334	
(b)	Enter name of NEW Registered Agent and/or NEW Registered O		
	Enter name of NEW Registered Agent and/or NEW Registered O	office add	<u>dress</u> :
	NEW Registered Office Address: 5264 NE 2nd Terrace	,	
	•		2334
e cha gent v as/we	imited liability company is not organized under the lawsunge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability and the street of the street of the liability and the street of the str	he regist pility cor the limi mited li	stered office and the business office of the registere ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Signa	ture of a member or authorized topic sentative of a member		Printed or typed name of signee
herei rovisi ne obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he	e to act erforma for in C ereby co	t in this capacity. I further agree to comply with the
otified	I in writing of this ehange.		

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