L18000 257226

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(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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J. HORNE APR 19 2022					

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COVER LETTER

то:		ation Section a of Corporations					
SUBJ	* 1 *****	F & D PAINTING AND PRESSURE WASHING L.L.C. T: Name of Limited Liability Company					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>_</u>						
Dear S	Sir or Mac	lam:					
The en	iclosed R	egistered Agent/Registered	Office Chan	ge and fe	ee(s) are submitted for filing.		
Please	return all	correspondence concernin	g this matter	to the fo	llowing:		
Francis	sco Gonzal	ez and Dayair Leal					
		Name of Person			_		
F&D	PAINTIN	G AND PRESSURE WASHI	NG L.L.C.				
		Firm/Company			_		
13506	Summerpe	ort Village Pkwy, # 790					
		Address			_		
Winde	rmere, FL	34786					
		City/State and Zip Co	de		_		
<u>-</u>	E-mail add	fress: (to be used for future	annual repo	rt notific	ation)		
For fu	rther info	mation concerning this ma	tter, please c	all:			
			at ()		
		Name of Person			Area Code & Daytime Telephone Number		
	Mailin	g Address:			Street Address:		
		ation Section			Registration Section		
	Divisio	n of Corporations			Division of Corporations		
		ox 6327			The Centre of Tallahassee		
	Taflaha	ssee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclose	ed is a check for the follow	ving amount	ı :			
	■ \$ 25 I	Filing Fee		□ \$55	Filing Fee & Certified Copy		
INHST	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.

I. Na	me of the limited liability company: F & D PAINTI	NG AND PRESSU	JRE WASHING L.L.C.		
. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,,,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	13506 Summerport Village Pkwy, # 790	13500	6 Summerport Village Pkwy, # 790		
	Windermere, FL 34786	Wind	lermere, FL 34786		
	11/01/2018	1.1800	0257226		
	Date of filing/registration in Florida	4.	Document number		
. (a)					
. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept. o	of State:		
	Gonzalez, Francisco	·	202' SE		
	Registered Office Address (MUST BE FLORIDA STREE	ddress (MUST BE FLORIDA STREET ADDRESS)			
			FILED 2022 APR -4 PM 3: 14 SECRETARY OF STAIL TALLAHASSEE. FLORIE		
	,	FL	ma p M		
(b)	(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	••		
	NEW Registered Office Address:				
	13506 Summerport Village Pkwy, # 790				
			·		
	Windermere	34786			
	Windermere	rL			
the li	mited liability company is not organized under the l	laws of the State of	of Florida, it is hereby confirmed that after the		
nange gent v	or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited	he registered offic Jiability company	ce and the business office of the registered it is hereby confirmed that the change(s)		
/as/we	ere authorized by an affirmative vote of the members	s of the limited lia	ability company or as otherwise provided in		
ne arti	cles of organization or the operating agreement of the		, <i>,</i>		
D2:	May 1	Francisco G	· · · · · · · · · · · · · · · · · · ·		
	ure of a member of authorized representative of a member		Printed or typed name of signee		
rovisi he obli o merc	by accept the appointment as registered agent and a cons of all statutes relative to the proper and completigations of my position as registered agent as providity reflect a change in the registered office address, I in writing of this change.	gree to act in this le performance of ded for in Chapter I hereby confirm	capacity. I further agree to comply with the f my duties, and I am familiar with and accep r 605, F.S. Or, if this document is being filed that the limited liability company has been		
	- Vally				
Signatu	re of Registrated Agent				