18000277255

| (Requestor's Name) | | | | | |
|---|----------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2019

CODY W POPE ABOVE THE NORM PAINT AND MORE LLC 1877 SENTRY OAK CT FLEMING ISLAND, FL 32003

SUBJECT: ABOVE THE NORM PAINT AND MORE LLC

Ref. Number: L18000277255

We have received your document for ABOVE THE NORM PAINT AND MORE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 519A00018476

Shelia H Young Regulatory Specialist II

RECTARD

10.22

COVER LETTER

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| TO: Registration Section Division of Corporations | | | | | | |
|--|------------------------------------|--|--|--|--|--|
| SUBJECT: Above the Norm Paint and More 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: | | | | | | |
| Dalton Moffat Name of Person | | | | | | |
| Above the Norm Paint and More LLC Firm/Company | | | | | | |
| 4152 St. 11 Wood drive Address | | | | | | |
| Jacksmuille, FL 32257 City/State and Zip Code | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Dalton Moffet at (904) 708-1811 Name of Person Area Code & Daytime Telephone Numb | - er | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy | 1 \$55 Filing Fee & Certified Copy | | | | | |

4NHS18 (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: Above the | Norm Pair | nt and More | |
|---|---|--|--|---|
| 2. (a) | 4623 SUSSEX AVENUE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) 463 | <u>23</u> Sysex Mailing address of limited (<i>Note: MAY BE POST</i> | liability company. |
| | Jacksonville, FL, 32210 | Jack | sonville, FL | 32210 |
| 3. | November 30, 2018 Date of filing/registration in Florida | L18 | 00027725 | 5 |
| | Dalton Moffat Registered Agent and Registered Office shown on the records of the 3685 Park Street Registered Office Address (MUST BE FLORIDA STREET AL | e Florida Dept, of Sta DDRESS) | | |
| (b) | 3685 Park Street Sacksonville FL Dalton Moffat Enter name of NEW Registered Agent and/or NEW Registered O 4152 Still Wood drive NEW Registered Office Address: | 32205 | IALI ARAS EL FLORIDA | FILED 19 NGV -8 PH 2: 43 |
| | Jacksonville FL | 32257 | | |
| the cha agent v was/we the arti | imited liability company is not organized under the lawsinge 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. Deplement of a member or authorized representative of a member | he registered officibility company, it the limited liabil imited liability co | ce and the business of is hereby confirmed the ity company or as other | fice of the registered nat the change(s) erwise provided in |
| provisi the obl to merc notified | by accept the appointment as registered agent and agree on so fall statutes relative to the proper and complete point of my position as registered agent as provided ely reflect a change in the registered office address, I he is this change. I in writing of this change. The of Registered Agent | e to act in this ca erformance of my for in Chapter 6t, vreby confirm tha | pacity. I further agree y duties, and I am fami 95, F.S. Or, if this doc at the limited liability c | to comply with the flar with and accept ument is being filed ompany has been |