

18000279668

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COVER LETTER

Registration Section
Division of Corporations

CT: AMERICA PAINTING PROS LLC
Name of Limited Liability Company

r or Madam:

Enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

CHRIS HANKS
Name of Person

AMERICA PAINTING PROS LLC
Firm/Company

788 KACHER RD
Address

ORTH PORT, FL 34288
City/State and Zip Code

CHRIS.HOPLOCAL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS HANKS at (941) 323-3131
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

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

Name of the limited liability company: AMERICA PAINTING PROS LLC

(b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3288 KACHER RD
NORTH PORT, FL 34288

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

PO Box 7465
NORTH PORT, FL 34290

12/4/2018
Date of filing/registration in Florida

4.

Document number

618000279608

CHRISTOPHER B. HANKS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3288 KACHER RD
NORTH PORT, FL 34288

ERIC LUCAS
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

2723 CODDGE AVE
NORTH PORT, FL 34286

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
changes are made, the Florida street address of the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
made are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

CHRIS HANKS
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
to reflect a change in the registered office address, I hereby confirm that the limited liability company has been
in writing of this change.

[Signature]
Signature of Registered Agent