## L19000051948

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status		s of Status		
Special Instructions to Filing Officer:				





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08/09/21--01010--010 \*\*25.00

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		1
SUBJE	PEACE FAMILY PROTECTIVE	COATINGS, L	TC
	N	ame of Limite	d Liability Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered O	ffice Change	and fee(s) are submitted for filing.
Please 1	return all correspondence concerning	this matter to	the following:
M. Britt	Peace		
	Name of Person		<del></del> -
	Firm/Company		
901 Rig	gins Road		
	Address		<del></del>
Tallahas	see, Florida 32308		
	City/State and Zip Code		
britt.pea	ce@svn.com		
E-	mail address: (to be used for future a	nnual report n	otification)
For furti	her information concerning this matte	я, please call:	
M. Britt	Peace	863 at (	7124645
	Name of Person	•	Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
-	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
]	P.O. Box 6327		The Centre of Tallahassee
•	Fallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
ı	Enclosed is a check for the followin	g amount:	
)	\$25 Filing Fee		\$55 Filing Fee & Certified Copy

INHS18 (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.

a) _		(10)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	3342 GARBER DRIVE, SUITE 400	3	342 GARBER DRIVE, SUITE 400
	TALLAHASSEE, FL 32303		TALLAHASSEE, FL 32303
	02/26/2019	LI	9000051948
	Date of filing/registration in Florida	4.	Document number
(a)	Theodore Miller		
	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	<del></del>
	2323 S FLORIDA AVELAKELAND, FL 33803		
		FT.	
	•		
(ъ)	M. Britt Peace	<del></del>	2021 AUG SECRET TALLAHA
	Enter name of NEW Registered Agent and/or NEW Register	red Office addre	CRE I
			TARY ASSE
	NEW Registered Office Address:		
	901 Riggins Rd		F STATE TO 2
			29
		32308	

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