L19000073612

(Re	equestor's Name)					
(Address)						
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(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nar	ne)				
(Do	ocument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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April 9, 2019

RICHARD GRAHAM 2420 KERRIDALE STREET DELTONA, FL 32738

SUBJECT: THIN BLUE LINE PAINTING AND PRESSURE WASHING LLC

Ref. Number: L19000073612

We have received your document for THIN BLUE LINE PAINTING AND PRESSURE WASHING LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6051.

Letter Number: 319A00007138

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration Section **Division of Corporations** Thin Blue Line Painting and Pressure Washing LLC SUBJECT: 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: Richard Graham Name of Person Thin Blue Line Painting and Pressure Washing Firm/Company 2420 Kerridale Street Address Deltona, FL 32738 City/State and Zip Code thinbluelinepaintpressurewash@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard Graham Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee

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.

2420 Kerridale St. Deltona FL, 32738	(b) 2420 Kerridale St. Deltona FL, 32738			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
March 15th, 2019	L19000	073612		
Date of filing/registration in Florida	4.	Document number		
UNITED STATES CORPORATION AGENTS	, INC.			
Registered Agent and Registered Office shown on the records of th	e Florida Dept. of St			
Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	SHAY - PH		
13302 WINDING OAK COURT, A		1		
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TAMPA	33612			
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, FL	33612	SEE FLE		
Enter name of NEW Registered Agent and/or NEW Registered C				
, FL				
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>				
Enter name of NEW Registered Agent and/or NEW Registered C				
Enter name of NEW Registered Agent and/or NEW Registered Control Graham NEW Registered Office Address: 2420 Kerridale Street		TENTE TO		
Enter name of NEW Registered Agent and/or NEW Registered Control Graham NEW Registered Office Address: 2420 Kerridale Street	S2738 s of the State of I he registered offility company, ithe limited liabi	Florida, it is hereby confirmed that after ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in company.		
Enter name of NEW Registered Agent and/or NEW Registered C Richard Graham NEW Registered Office Address: 2420 Kerridale Street Deltona , FL limited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liability an affirmative yote of the members of	S2738 s of the State of I he registered officially company, in the limited liability compand the liability company of the limited liability company.	Florida, it is hereby confirmed that after ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in company.		

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1. N	ame of the limited liability company:	Thin Blue Line Painting and Pressure Washing				
2. (a)	2420 Kerridale St. Deltona FL, 33	2738	(b)	2420 Kerridale S	rridale St. Deltona FL, 32738	
- (-)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.	March 15th, 2019 Date of filing/registration in F		4.	19000073612 Documer	nt number	
5. (a)	UNITED STATES CORPORATION	ON AGENTS,	, INC.			
	Registered Agent and Registered Office shown of Registered Office Address 13302 WINDING OAK COURT,	RIDA STREET AL				
	TAMPA	, FL	33612		2019 MAY -	
(b)	Enter name of NEW Registered Agent and/or Memory Registered Office Address: 2420 Kerridale Street	NEW Registered O	ffice addr	<u>ess</u> :	SMAY - 1 PH 4: 14	
	Deltona	FL_	2738			
he cha igent w was/we	mited liability company is not organized nge or changes are made, the Florida strivill be identical. Or, in the case of a Florica authorized by an affirmative vote of the cles of organization or the operating agr	eet address of the rida limited liab the members of	te registe ility com the limite mited lia	red office and the b pany, it is hereby e ed liability company	ousiness office of the registered onfirmed that the change(s)	
Signat	ure of a member or authorized representative of a	member		Printed or	typed name of signee	
provision he oblico mere notifica	w accept the appointment as registered ons of all statutes relative to the proper ignious of any position as registered age in the registered office in writing of this change.	and complete pe ent as provided i	erforman for in Ch	ce of my duties, and anter 605 F.S. Or	d Lam familiar with and accept if this document is being filed	
Signatur	e of Registered Agent					