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SECRETARY OF STATE.

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COVER LETTER

TO: Registration Section Division of Corporations	· ·		
SUBJECT: W1991esworth 19 Name of Lin	nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Chyde Wigglesworth Name of Person			
Wigglesworth Painting LLC			
3911 SE 97 H Place, # 16	52_		
Gulf Hammack, Fl. 3263 City/State and Zip Code	9-0162		
1. mail address: (to be used for future amual repo	rt notification)		
For further information concerning this matter, please of	eall:		
Clyde Wigglesworth at (352) 554 - 1454 Area Code & Daytime Telephone Number		
	·		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Population Soution		
Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following 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.

1. N	ame of the limited liability company: Wigglesworth Painting LLC	·		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Golf Hammack, F1. 32639 (b) P.O. Box (62 Mailing address of limited liability company: (Note: MAY BE POS Gulf Hammack	<u>ST OFFI</u>	<u>CE BÒ</u>	Ø.
3. 5. (a)	May 15+ 2019 Date of filing/registration in Florida United States Corporation agents, Inc.	5		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 302	SECRE FALL AL	19 JUN	اسوات
(b)	Tampa ,FI. 336/2 Clyde Wiagles Worth Enter name of NEW Registered Agent and/or NEW Registered Office address: 399/ SE 77th Place	CRETARY OF STATE LAHASSEE, FLORIDA	N 10 AM Ha 13	CHLED
	NEW Registered Office Address: H 162 Gulf Hammock FI 32639	, , >>		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or 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) was/were 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 of a member or authorized epresentative of a member

Clyde Wiog Jegworth

Printed or typed name of signee

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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent