L19000292388

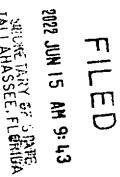
(Ke	questor's Name)	
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(4	,	•••
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TO: Registration Section Division of Corporations

■ \$25 Filing Fee

INHS18 (2/14)

SUBJECT: PAINTEDBYRAY LLC	ma në li imita d	Liability Company
Na	me or 1,1mited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to th	e following:
BRENT J. MYERS		
Name of Person		 ,
MYERS AND COMPANY		
Firm/Company		
2523 STICKNEY POINT ROAD		
Address		
SARASOTA, FL 34231		
City/State and Zip Code		
BRENT@MYERSANDCOMPANYCPA.COM		
E-mail address: (to be used for future an	nual report not	ification)
For further information concerning this matter	, please call:	
BRENT J. MYERS	941 at (923-4085
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
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following		

☐ \$55 Filing Fee & Certified Copy

FILED AN 9: 43

STATEMENT OF CHANGE OF RESTREED 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.

Name of the limited liability company: PAINTEDBYRAY	CLLC	
1659 2ND STREET #413	1659 2ND STREET #413	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
SARASOTA, FL 34236	SARASOTA, FL 34236	
11/26/2019	L19000292388	
Date of filing/registration in Florida	4. Document number	
LEGALING CORPORATE SERVICES INC.		
Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State;	
5237 SUMMEERLIN COMMONS		
Registered Office Address (MUST BE FLORIDA STREET A SUITE 400	DDRESS)	
FORT MYERS	33907	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> 2523 STICKNEY POINT ROAD <u>NEW Registered Office Address:</u>	Office saaresy:	
SARASOTA , FL	34231	
e or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab		
	RACHEL LAST	
nature of a member or Authorized representative of a member eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided rely reflect a change in the registered office address. I h	Printed or typed name of signee we to act in this capacity. I further agree to comply with to performance of my duties, and I am familiar with and acc for in Chapter 605, F.S. Or, if this document is being fil pereby confirm that the limited liability company has been	
Droot Meller		
mod Meller	ov 6327a Tallahassaa KL 1231.4	

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INHS18 (2/14)