

L210000/58872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

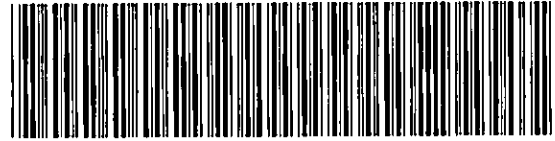
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/27/23--01017--008 **25.00

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2023 JAN 27 AM 8:32
CLERK OF STATE
TALLAHASSEE, FL

MyCorporation[®]

26025 Mureau Road, Suite 120
Calabasas, CA 91302

Toll Free: 888-692-6775 Fax: 818-879-8005
Email: customerservice@mycorporation.com

January 26, 2023

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

Re: O'brien traffic striping LLC -- ARTICLES OF AMENDMENT

Ladies and Gentlemen:

Please find enclosed for filing duplicate executed originals of the Articles of Amendment for the above-referenced entity.

Also enclosed is a check in the amount of **\$25.00** as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings
My Corporation Business Services, Inc.
26025 Mureau Rd, STE 120
Calabasas, California 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO
THE POST FORMATIONS DEPARTMENT AT 888-692-6771.**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O'BRIEN TRAFFIC STRIPING LLC

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:

Processing Department

Name of Person

MyCorporation Business Services, Inc.

Firm/Company

26025 Mureau Road Suite 120

Address

Calabassas, CA 91302

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Processing Department

Name of Person

877

at (_____) _____

692-6772

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**

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. Name of the limited liability company: O'BRIEN TRAFFIC STRIPING LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

4211 centurian cir
greenacres, FL 33463

4211 centurian cir
greenacres, FL 33463

04/06/221

1.21000158872

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

J O'BRIEN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

14942 WHITLEY RD.

DELRAY BEACH, FL 33445

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TALLAHASSEE, FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Legalinc Corporate Services Inc.

NEW Registered Office Address:

5237 Summerlin Commons, Suite 400

Fort Myers, FL 33907

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.

J O'Brien
Signature of a member or authorized representative of a member

J O'Brien, Member

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