Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone + (307)200-2803 : (813)436-5206 Fax Number

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Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE HAPPY LITTLE PAINTING COMPANY LLC

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AUG 23 2023

## 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.

l. Na	une of the limited liability compan	Happy Little Pai	inting Company LLC		
2. (a)			(b)		
	Principal office address of limited (Note: MUST BE STREE	l hability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	09/07/2021		L21000	0396127	
3.	Date of tiling/registration	in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATION A				
(167	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				
	476 RIVERSIDE AVE.				
	Registered Office Address (MI/ST BI	FLORIDA STREE	I ADDRESS)		
	JACKSONVILLE	1	-L 32202		
(b)	Registered Agents Inc			AND THE	
	Enter name of NEW Registered Agent a	nd/or <u>NEW Register</u>	ed Office address:	— 第 <b>22</b> 話音	
	7901 4th St N			APPROVED FILED FILED FILED SIATE STATES FILED FILES FI	
	NEW Registered Office Address:				
	STE 300			<b>6</b>	
	St. Petersburg	. <u></u>	-[		
the cha agent v was/we the arti	inge or changes are made, the Flori will be identical. Or, in the case of are authorized by an affirmative vo- cles of organization or the operation	da street address a Florida limited te of the members ig agreement of th	of the registered of liability company s of the lumited lia ne lunited liability	• •	
160	- had s see fresh to get ture of a member brauthorized representat		Robin Jones	Printed or typed name of signee	
I herei provisi the obl to mere notifice	by accept the appointment as regis ons of all statutes relative to the p igations of my position as registere by reflect a change in the registere I in writing of this change.	tered agent and a coper and comple ed agent as provie ed office address,	gree to act in this te performance of led for in Chapte I hereby confirm	Primed or typed name of signee excapacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been	
	David Rober	ds - Assistant	Secretary		