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C. BRUMBLEY SEP 3 0 2022

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Acme Printing LCC 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:			
Jo Ar Vidines  Name of Person			
Acme Painting LLC Firm/Company			
Engl water FL 32/4/ City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:  JOHN ID ( MOS at ( 312 ) 907-3707 321-335-9920  Name of Person Area Code & Daytime Telephone Number			
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303			
Englaced is a check for the following amounts			

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$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.

I. Na	ame of the limited liability company:	Painting LLC
	and of the finited flating company.	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Epgewater, FL 32141	
	3-8-2022	L 22000/19/17
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	VINCE H BARNES CRA	
Σ. (α)	Registered Agent and Registered Office shown on the records of the Florid	a Dept. of State INC AUTHORITY RA
	17179 Tenriverte Cincle	,
	Registered Office Address (MUST BE FLORIDA STREET ADDRES	
	Host 6	57e 2 300 -N
	FT Myen J FL 3	3908 pr/ando Fl 3280
(b)	Vince of BANNES COA	
	Enter name of NEW Registered Agent and/or NEW Registered Office as	Idress: TAC 282
	17179 Terraverde Cin	Idress: Zozz Jul.
	NEW Registered Office Address:	AS 5
	UNIT 6	SEE
	FT Myess .FL 3	- 03
change agent w	imited liability communy is not organized under the laws of the or changes are made, the Florida street address of the register will be identical. Or, in the case of a Elyrida limited liability or	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s)
was ive	ere althorized by an attirmative vote of the members of the line of the greating agreement of the limited	nited liability company or as otherwise provided in
	The state of the s	Printed or typed name of signee
- Eignat	ture of a member or authorized representative of a member	Printed or typed name of signee
provision the oblication to the oblication the object to t	by accept the appointment as registered agent and agree to acons of all statutes relative to the proper and complete performigations of my position as registered agent as provided for in ely reflect a change in the registered office address, I hereby call in friting of this change.	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signature	Clin Ce Darres	
ыцпаци	re of Registered Agent	

. . .