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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE	

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T. LEMIEUX

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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. N	ame of the limited liability company: Buzzard Painting S	ervices LLC			
2. (a)		(b)			
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liabil (Note: MAY BE POST OFF		
3.	Date of filing/registration in Florida	4.	Document number	· · · · · · · · · · · · · · · · · · ·	
5. (a)	INC AUTHORITY RA				
J. (u)	Registered Agent and Registered Office shown on the records of th	ne Florida Dept. of Star	- te:		
			_		
	Registered Office Address (MUST BE FLORIDA STREET A	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	390 NORTH ORANGE AVE., STE 2300-N	_			
	ORLANDO, FL	32801	-		
(b)	Registered Agents Inc				
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	_			
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300			2023	
	St. Petersburg , FL	3702	-	2023 . 11 11 2	
the changent was/withe arti	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he registered offic pility company, it i the limited liabilit	e and the business office of s hereby confirmed that the y company or as otherwise	f the registered e change(s)	
<u> Parli</u>	en jary	Robin Jones			
Signa	ture of a member or authorized representative of a member		Printed or typed name of signe		
provisi he obl to mer totilie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had d in writing of this change.	erformance of my for in Chapter 60: creby confirm that	duties, and I am familiar w	vith and accept	
vid Tyd	David Roberts - Assistant Sec	relary			

Signature of Registered Agent