Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

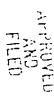
Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*Enter: the email address for this business entity to be used for future □≧annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE CAPITAL CITY PAINTING AND REMODELING LLC

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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. Na	une of the limited liability company. Capital City Pair	nting and Remodelin	g LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	07/25/2022	L220003	328333
.ì.	Date of filing/registration in Florida	<del>.</del> .	Document number
5. (a)	ZENBUSINESS INC.		
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of	State
	336 E. COLLEGE AVE.		
	Registered Office Address <u>(MUST BE FLORIDA STREE)</u>	<u>ľ ADDRESS)</u>	
	SUITE 301		
	TALLAHASSEE . F	. <sub>1.</sub> 32301	2
th)	Registered Agents Inc		22. 12. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
	Enter name of NEW Registered Agent and or NEW Registered	ed Office address:	
	7901 4th St N		APPROVED AND FILED FILED  2024 JUL 23 AH 10: 49  LOSELIA TOSIATION OF THE OFFICE OFFIC
	NEW Registered Office Address:		
	STE 300	<u>_</u>	<b></b>
	St. Petersburg	33702 L	<del></del>
the cha agent w was/we	mited liability company is not organized under the hage or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered of liability company, s of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
f ? <sub>de-</sub>	ure of a member or authorized representative of a member	Robin Jones	
_			Printed or typed name of signee
provisie he obli o mere	oy accept the appointment as registered agent and agons of all statutes relative to the proper and completing gations of my position as registered agent as providily reflect a change in the registered office address. If in writing of this change.  David Roberts - Assistant	le performance of led for in Chapter I hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been