Division of Corporations

## Florida Department of State

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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

: (813)436-5206

್೯Email Address:\_

ter the email address for this business entity to be used for future Zánnual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE PRESTIGE CLASS PAINTERS, LLC

Certificate of Status	0
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To: 18506176383

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From Registered Agents Inc.

Fax: 8134365206

## 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 Statides, 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. Na	me of the limited liability company: PRESTIGE CLA	SS PAINTERS.	LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company tNote: MAY BE POST OFFICE BOX)
			- ·
,	09/19/22		000406404
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	INC AUTHORITY RA		
	Registered Agent and Registered Office shown on the records of	of the Fiorada Dept	t, of State
	Registered Office Address    - <u>(MUST BE FLORIDA STREE.)</u>	( ADDRESS)	
	390 NORTH ORANGE AVE., STE 2300-N	<u>,                                     </u>	
	ORLANDO	L 32801	2023
	. F	L	— SA 2
(b)	Registered Agents Inc		P2 FILE
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u>	ed Office address:	
	7901 4th St N		2023 SEP 29 AM II:
	NEW Registered Office Address:		
	STE 300		<del></del>
	St. Petersburg	33702	
the cha agent w was/we the artic	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the florida incuber or authorized representative of a member	of the registered liability compa- of the limited	d office and the business office of the register my, it is hereby confirmed that the change(s) Hability company or as otherwise provided in ity company.
Therel provision the obli to mere	ov accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provided by reflect a change in the registered office address. If in writing of this change.  David Roberts - Assistant	e performance led for in Chap I hereby confir	his capacity. I further agree to comply with th

Signature of Registered Agent