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Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:				

Office Use Only





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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Sun'S Paint Pros	ibility Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and f	cc(s) are submitted for filing.				
Please return all correspondence concerning this matter to the fo	ollowing:				
Sonny Wood Name of Person	_				
Son's Paint Pros UC Firm/Company	_ 23				
U0 Florseshoc Ln	FEB 2!				
Fretart, FL 3,2439 City/State and Zip Code	AM 6: 54				
7 V(UNOSCO 13 @ GMO) . COM E-mail address: (to be used for future annual report notific	cation)				
For further information concerning this matter, please call:					
Scony Wood at (ESC) Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:					
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

1. Na	me of the limited liability company: Scr'5	Pain	4 P	roS_	LLC	,	
2. (a)	41 Harrista Cn.	(b)	40	Hars	rshoe	Ln	
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-/		_	ddress of limi MAY BE PO	-	
	Frequit, FL 32439		Fre	Ppcd	FL	3)43	9
					<u></u>		
	1/30/2023	_	L23	3600	0541	026	
3.	Date of filing/registration in Florida	4.	-	Docum	ent number	r	
5. (a)	Zentusiness Inc			<u> </u>			
	Registered Agent and Registered Office shown on the records of th	e Florida I	Dept, of Sta	ite;			
	Registered Office Address (MUST BE FLORIDA STREET A)	DDD ECC		_			
	2310 F COLLEGE A. G. C	1 10	241				
	JOU C. CONCOL AVE.	JIII				23	2
	<u>lallahassee</u> .fl	<u> 325</u>	01	_		83,4	<u> </u>
(b)						21	
, , ,	Enter name of NEW Registered Agent and/or NEW Registered ()ffice addi	ress:	_		Ä	9 1
	Branch McGinn					e. e.	<u>新</u> 登記
	NEW Registered Office Address:					<u>+</u>	Ē.
	40 Horsestee Un						
	Freepart, FL	334	39				
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistered pility con the limit mited lia	office and	nd the buis hereby ty compa mpany.	isiness offic confirmed any or as ot	ce of the re I that the cl therwise pr	gistered nange(s)
			Son	ny	or typed name	محط	
I herek	are of a member of authorized representative of a member of a member of authorized representative of a member of a member of authorized representative of a member of authorized representative of a member of a membe	e to act is	n this car	pacity I	further agr	ee to comi	oly with the
provision the oblicitor to mere	one of all statutes relative to the proper and complete positions of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	erforman for in Ch creby con	ice of my apter 60 firm that	duties, 6 5, F.S. (the limi	ind I am far Or, if this do ted liability	miliar with ocument is company	and accept being filed has been
Signatur	c of Registered Agent						
- DIEGIALUI	o or regimencu rigorii						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00