

L23 000 107 967

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

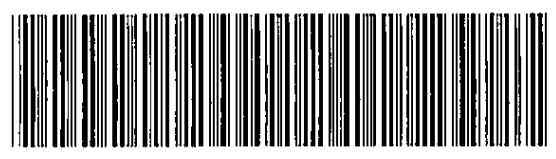
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
JANUARY 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUALITY COATS PAINTING LLC

\_\_\_\_\_  
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:

HUMBERTO FONSECA

\_\_\_\_\_  
Name of Person

QUALITY COATS PAINTING LLC

\_\_\_\_\_  
Firm/Company

8908 CITRUS VILLAGE DR APT 205

\_\_\_\_\_  
Address

TAMPA FL 33626

\_\_\_\_\_  
City/State and Zip Code

QUALITYCOATSPAINTLLC@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUMBERTO FONSECA

813

8121030

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

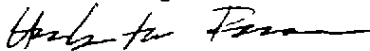
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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. Name of the limited liability company: QUALITY COATS PAINTING LLC
2. (a) 8908 CITRUS VILLAGE DR  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
APT 205  
TAMPA FL 33626
- (b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
\_\_\_\_\_  
\_\_\_\_\_
3. 03/01/2023  
Date of filing/registration in Florida
4. L23000107967  
Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
476 RIVERSIDE AVE  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)  
JACKSONVILLE, FL 32202
- (b) HUMBERTO FONSECA  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**.  
11736 CASTINE ST  
**NEW** Registered Office Address:  
\_\_\_\_\_  
NEW PORT RICHEY, FL 34654

**FILED**  
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CLERK OF STATE  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

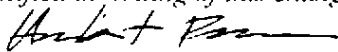


Signature of a member or authorized representative of a member

HUMBERTO FONSECA

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



Signature of Registered Agent