

N20 0000 13824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

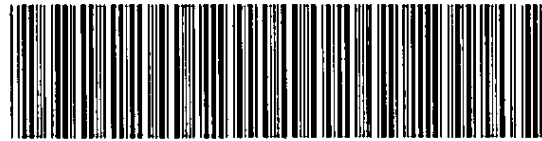
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NO\$

Office Use Only



700357856937

04/21/21--01012--019 \*\*35.00

R. WHITE

APR 23 2021

2021 APR 23 11:34:47

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change of Registered Office/Agent  
Name of Corporation \_\_\_\_\_

**DOCUMENT NUMBER:** N20000013824 \_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Braswell

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

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

2625 Hollingsworth Hill Ave

\_\_\_\_\_  
Address

Lakeland, FL 33803

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

lcbaswell@gmail.com

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

For further information concerning this matter, please call:

Charles Braswell

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

at ( 813 ) 731-9665

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2021

LAURA BRASWELL  
2625 HOLLINGSWORTH HILL AVE  
LAKELAND, FL 33803

SUBJECT: PAINTING OUTSIDE THE LINES, INC.  
Ref. Number: N20000013824

We have received your document for PAINTING OUTSIDE THE LINES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 421A00005316

RECEIVED

2021 APR -1 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

Laura & Charles Braswell  
2625 Hollingsworth Hill Ave  
Lakeland, FL 33803

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PAINTING OUTSIDE THE LINES, INC.  
2. The principal office address: 2625 Hollingsworth Hill Ave Lakeland, FL 33803

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/15/2020 Document number: N20000013824

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

UNITED STATES CORPORATION AGENTS, INC.

5575 S. SEMORAN BLVD, SUITE 36

ORLANDO, FL 32822

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Laura Braswell

2625 Hollingsworth Hill Ave, Lakeland, FL 33803

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Charles Braswell / Director

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

1/23/2021  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)