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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: STORM Shoeld PAINT SYSTEMS INC.  Name of Corporation
DOCUMENT NUMBER: POZOGOO 6036
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:
Anthony 2. MEURER  Name of Contact Person
STORM Shield PAINT SYSTEMS. W. Firm/Company
4700 Sheridan Street, Suite "5"
Holly wood FLORIDA 33021 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (754) 367.3768  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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: STORM Sheld PNINT SYSTEMS INC.  2. The principal office address: 4700 Sheridan Street, Suite, Ti
Hollywood Fl, 33021
3. The mailing address (if different):
4. Date of incorporation/qualification: /-10-2002 Document number: P020000 6036
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)
CORPORATE CREATIONS INTERNATIONS.  11380 PROSPERITY FARMS RO # 224
11380 PROSPERITY FARMS RO # 221
PALM BEACH GARDENS FLORIDA, 33410 TE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Anthony R MEURER
4700 Sharidan Street, Suite "J" P.O. Box NOT acceptable
Hollywood FL, 33021
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  An theory R MS UR SR PMS.  Printed or typed name and title
l 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 Date
Signature of Registered Agent Date  If signing on behalf of an entity:
Typed or Printed Name

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

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