03000112339

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
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R-A- Change **C.COULLIETTE**

SEP 07 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Orlando Painting Service Inc. Name of Corporation						
DOCUMENT NUMBER: P03000112339						
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:						
Jason Cravener Name of Contact Person						
Name of Contact Person						
Orlando Painting Senice Inc.						
Lolo 5 Havold Avenue						
Winter Park FL 32789 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 (407) 7(e1-2021 Area Code & Daytime Telephone Number						
Name of Contact Person 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

-	ions of sections 607.0502, submitted for a corporati			·	
, ,	nange its registered office	•	-	-	
1. The name of the cor	poration: Drland	o Painti	ing Ser	vice, In	<u>.</u> C.
2. The principal office	address: 65 -	Harold	Aven	ul '	
	Winte	r Park	, FL 3	52789	
3. The mailing address	(if different):				
4. Date of incorporation	on/qualification: 428) O Doc	cument number	- P03000	011233°
5. The name and street	t address of the current reg of State: (If resigned, ente	gistered agent and i	registered office	e on file with the	
Ja	son ('rayen	er			
35	544 Edgewa	ter Driv	re.		
Dv	lando, Fi	32804			
6. The name and street (if changed):	t address of the new regist 065 Havol Nikter Pa	ered agent (if chan	ged) and /or rep	gistered office	FILED STATE TARY OF STATE IS TO SEP -3 PM 12: 21
The street address of as changed will be id	its registered office and t	the street address of	of the business	office of its regis	stered agent,
Such change was authauthorized by the boa	horized by resolution duly	y adopted by its b s been notified in	oard of directo writing of the	ors or by an office change.	r so
× 1.	K	J	ason C	ravene	V
I hereby accept the a I further agree to con of my duties, and I an document is being fil	officer or director ppointment as registered nply with the provisions on n familiar with and accep ed merely to reflect a cha n notified in writing of thi	of all statutes relai of the obligation o inge in the registe	to act in this ca tive to the prop f my position a	oer and complete is registered ager	performance 11. Or, if this firm that the
\times \mathcal{A}	9	{	3/31/19	<u> </u>	
If signing on behalf of	of Registered Agent		, 1	שנכ	
Jason (Printed Name				
1 J pour Or					

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