P04000025197

· (Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dr	ocument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: MAXITATY PAINTING INC (Name of Corporation)			
DOCUMENT NUMBER: P0400025197			
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:			
Maxitaty Painting Inc. (Firm/Company)			
MAD Ba ANENUE (Address)			
Miami F 33166 (City/State and Zip Code)			
• • •			
For further information concerning this matter, please call:			
Smabel lockiquez at (305) 470-3467 (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

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 \(1000000000000000000000000000000000000
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MAxitaty Painting Inc
2. The principal office address: 6423 NW 82 Hushue
Miami, Fl 33166
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/02/04 Document number: P0400002519
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)
Marcelo Candoso (Resigned 2 5
6423 NW 82 Arbnue SE CO
Miami. Fl. 33166
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Linace L. Tonnes (thesident)
6423 NW 82 Arknue
(P.O. Box NOT acceptable)
SY/1Ami, Fl. 33166
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 afficer or director) (Printed or typed name and title)
Lhereby 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
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.
Loce Flow Orth 01/23/09 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Inace L. Tornes
(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 (8/05)