## P13000 061 226

(Requestor's Name)
(Address)
(Address)
(Nutress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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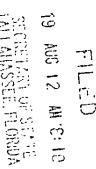
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AUG 1 5 2019 S. YOUNG



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PRIMASTER PAINTING ENTERPRISES CORP-
DOCUMENT NUMBER: P13000061226
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:
JUAN POLAR.  Name of Contact Person
PRUMASTER PAINTING ENTERPRISES CORP.
2508 CORAL AUE Address
City/State and Zip Code  Promaster painting enter prises@gmail. Con E-mail address: (to be used for fiture annual report notification)
Promaster painting enterprises & gmail. Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JUAN POLAR 407 346-3142
Name of Contact Person at (4)7 346 - 3142  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  Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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 <u>FLDLIDA</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PROMASTER PAINTING ENTERPRISES CORP-
2. The principal office address: 2503 CORAL AUE
KISSIMMEE FL 34741
3. The mailing address (if different):
7/22/12 P13000061226
4. Date of incorporation/qualification: 7/22/13 Document number: P13000061226
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)
JUAN POLAR
DEOS COOL ALE
KISSIMMEE FL 34741
KIDSITIFIEE PC 3 TT
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MAURICIO ARBELAEZ
2503 WRAL AVE KISSIMMEE FL 34741
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.
JUAN POLAR DIR.
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 obsporation has been notified in writing of this change.    Signature of Registered Agent   Date   D
If signing on behalf of an entity:

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

Typed or Printed Name