Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000175410 3)))



H160001754103ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone Fax Number : (608)827-5300 : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE **A&L PRESTIGE PAINTING INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 22 2016

H14000 1754103

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

		102, 607.1508, or 617.1508, Florida Statutes, in mixed under the laws of the State of Florida	this	
in order to change i	ts registered office or regis	stered agent, or both, in the State of Florida.		
I. The name of the corporation	on: A&L Prestige Painting In-	corporated	 	
2. The principal office addre	ss: 1051 NW 2nd St Apt 16, 1	Miami, Florida 33128	· · · · · · · · · · · · · · · · · · ·	
3. The mailing address (if di	fferent):			<u> </u>
4. Date of incorporation/qual	lification: 11/6/2015	Document number: P15000090888		
	ess of the current registered te: (If resigned, enter resign	agent and registered office on file with the ned)		
BUSINESS I	FILINGS INCORPORATED		2015	¥.2
1200 S PINE	E ISLAND RD		3 JUL 2	- SEE
PLANTATIO	ON, FL 33324		2	F CO
6. The name and street addre (if changed):	ess of the new registered ag	ent (if changed) and /or registered office	AM 9:	OF CORPORATION
Andres Lina	res		£5	<u> </u>
1051 NW 2n	nd St Apt 16			
Mi: 171:		OT acceptable		
Miami, Flori				
The street address of its reg as changed will be identical	istered office and the stree	et address of the business office of its registe	red agent,	
Such change was authorized authorized by the board, or t	by resolution duly adopted he corporation list been no	d by its board of directors or by an officer so tified in writing of the change.	ı	
Signature of all other or	aus_	Andrea Linares, President Photos or typed name and tale		
I hareby accept the appoints I further agree to conting with performance of my duties, as agent. Or, if this document is hereby confirm that the corp	ient as registered ageit an ih the provisions of all stat nd I am familtar with and a is being filed merely to ref poration has been notified i	nd agree to act in this capacity; nues relative to the proper and complete accept the obligation of my position as regist lect a change in the registered office address in writing of this change.	ered , I	
andro Lina	n.	7-21-16		
Signature of Register	ed Agent	Date		
If signing on behalf of an ea	ntity:			
Typed or Printed	Name			
	* * * FILING F	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12) H14000754103