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COVER LETTER

Division of Corporations
SUBJECT: American Veterans Painting Corp. Name of Corporation
DOCUMENT NUMBER: P17000062860
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:
Christopher S. Lips Comb Name of Contact Person
American Veterans Painting Corp.
2/999 US Hwy 19 N. Address
Clear water FL 33765 City/State and Zip Code
American Vets Painting @ 9ma. 1. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Lipscamb at 727, 259-929/ Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Perephone 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

$^{\bullet}$ $^{\circ}$ '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>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: American Veterans Painting Corp.
2. The principal office address: 2/999 US HWY 19 N-
Clearwater FL 33765
3. The mailing address (if different): 5039 Odyssey Ave. Holiday, FL 34690
4. Date of incorporation/qualification: 7-21-2017 Document number: \$\overline{P}/7000062860\$
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)
Christopher Lipscomb
1200 Jade Wood Ave.
Clear worker FL. 33759
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Fatrick H. Jones ==
22/0 Watrous Wrive P.O. Box NOT acceptable
Dune din FL. 34698
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.
Most Signature of an officer or director of director of the form o
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.
Signature of Registered Agent 9-27-2017 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 CR2E045 (03/12)

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