P17000089131

(Req	uestor's Name)	
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Special Instructions to F	iling Officer:	
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: AR EAGLE PAINTING CORP	•	
Name of Corporation		
DOCUMENT NUMBER: P17000089131		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:	
JULIANA AQUILINO		
Name of Contact Person		
DESPACHANTE BRASILEIRO		
Firm/Company	!	
3961 N FEDERAL HWY		
Address		
POMPANO BEACH, FL 33064		
City/State and Zip Code		
despachantebr@hotmail.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, p	blease call:	
JULIANA AQUILINO	at (⁹⁵⁴) ⁷⁸⁶⁻⁷¹⁸⁰ 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	Street Address:	
Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

statement of cha	mge is submitted for a corporati	, 617,0502, 607,1508, or 617,1508, Florida Statutes, to ion organized under the laws of the State of FLORIDA or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: AR EAGLE PAI	INTING CORP	
		DRIVE, CORAL SPRINGS, FL 33065	
	·		<u>!</u>
			!
4. Date of incorp	poration/qualification: 11/02/201	7 Document number: P17000089131	
	d street address of the current reg rtment of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)	
	ANDRESA CARVALHO	TAL TAL	703
	2458 NW 89TH DRIVE	SECRETAR TAULAR	
	CORAL SPRINGS, FL 33065	RY OF SEE	
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or registered of Fice 2	
	RENATO DINIZ		
	2458 NW 89TH DRIVE		
	CORAL SPRINGS, FL 33065	P.O. Box NOT acceptable	
_	ess of its registered office and the identical.	he street address of the business office of its register	
Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has	y adopted by its board of directors or by an officer so been notified in writing of the change.)
Lon	n()	RENATO DINIZ - VP	
Signatu	re of an officer of director	Printed or typed name and title	i i
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered of to comply with the provisions of all am familiar with and accep- ing filed merely to reflect a char speen notified in writing of this	agent and agree to act in this capacity, if all statutes relative to the proper and complete per title obligation of my position as registered agent. Onge in the registered office address, I hereby confirm change.	formance Or¦ if this n that the
In	20	02/03/2021	1
Sig	nature of Registered Agent	Date	-
If signing on be	half of an entity:		!
T	yped or Printed Name	 JNG FEE: \$35.00 * * *	

7.

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)