

P18 0000 93424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

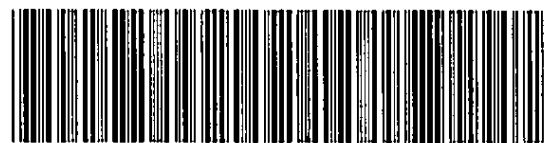
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MAY - 7 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PAINTING AND COLORS SOLUTION, INC.

Name of Corporation

DOCUMENT NUMBER: P18000093424

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:

ASNEL ALVAREZ ORTEGA

Name of Contact Person

PAINTING AND COLORS SOLUTION, INC.

Firm/Company

513 SE 7TH ST

Address

CAPE CORAL, FL 33990

City/State and Zip Code

ASNELIN16202@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASNEL ALVAREZ ORTEGA at (786) 389-3354

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2019

ANSEL ALVAREZ ORTEGA
513 SE 7TH ST
CAPE CORAL, FL 33990

SUBJECT: PAINTING AND COLORS SOLUTION, INC.
Ref. Number: P18000093424

We have received your document for PAINTING AND COLORS SOLUTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00008078

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TALLAHASSEE, FL

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PAINTING AND COLORS SOLUTION, INC.
2. The principal office address: 513 SE 7TH ST, CAPE CORAL, FL 33990
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/09/18 Document number: P18000093424
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)

ALVAREZ, ASNEL

513 SE 7TH ST CAPE CORAL, FL 33990

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ASNEL ALVAREZ ORTEGA

513 SE 7TH ST CAPE CORAL, FL 33990

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.

• [Signature] ASNEL ALVAREZ ORTEGA-PRESIDENT
Signature of an officer or director Printed or typed name and title

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] 05-02-2019
Signature of Registered Agent Date

If signing on behalf of an entity:

ASNEL ALVAREZ ORTEGA
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