## P9200000769

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



08/23/21--01004--014 ++1120.00

-

2021 AUG 23 PH 3: 17

RDChs

ALISTICA

## 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  $\underline{F/PR/PA}$  in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Beaches Painting Co	ntracting Inc.
2. The principal office address: <u>8202 Todd</u> Place Plant City, FC 3356	
3. The mailing address (if different):	ber: <u>P920000769</u> /
5. The name and street address of the current registered agent and registered of Florida Department of State: (If resigned, enter resigned)	fice on file with the
<u>Frank J. Greco P.A.</u> <u>708 S. Church Averne</u> <u>Tampa, Florida 33609</u> 6. The name and street address of the new registered agent (if changed) and /or (if changed): <u>143 E. Davis Blvd. L</u> <u>TAMIA, Florida 3360</u> P.O. Box NOT acceptable	1nrt 4 3

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 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 by writing of this change.

Signature of Registered Age

If signing on behalf of an entity:

.ING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)