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COVER LETTER -

TO: Registration Section Division of Corporations						
SUBJECT: Target Home Repair LLC. Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Anthony Caridi Name of Person						
Target Home Re Dail LC. Firm/Company						
868 Chickadee Dr. Address						
Port Orange FL. 32127 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Anthony Caridi as 386, 295-7150						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:						
\$25 Filing Fee \$\Bigsize \\$55 Filing Fee & Certified Copy						

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company:	Home	Repair	LLC.	
2 (a)	868 Chickadee Dr. Port Orange F		Same		
2. (u)	Principal office address of limited liability company: 32((Note: MUST BE STREET ADDRESS)		Mailing address of lim (Note: MAY BF, PC	-	
			1/0100//	7/8	
3.	Date of filing/registration in Florida	4.	//000046 Document numbe		
		4. 	750cument number	,[
5. (a)	Registered Agent and Registered Office shown on the records of the I	<u>/1.C.(A.c.) a.S. (</u> Florida Dent. of S	Late:		
	Registered Office Address (MUST BE FLORIDA STREET ADD	ne FL	<u>3</u> 2127		
				, 2 >	
	, FL			**	⊆
(b)	Anthony Nicholas Carid	()	_	*	1
	Einter name of NEW Registered Agent and/or NEW Registered Off	îce address:			11 基 2
				· .	T j ë E
	NEW Registered Office Address:			· •	9
	868 Chickadee Dr.				
	Port Orange .FL	3212	7		
the cha agent v was/we	imited liability company is not organized under the laws or inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the limited of organization or the operating agreement of the limited liabilities.	e registered off lity company, inclimited liability c nited liability c	ice and the business t is hereby confirmed lity company or as o	office of the d that the cha	registered inge(s)
Signat	ture of a member or authorized representative of a member		Printed or typed nam	ne of signee	
provisi the obl to merc	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete per ignious of my position as registered agent as provided for the reflect a change in the registered office address, I hero Lin writing of this change.	to act in this co formance of m or in Chapter 6 eby confirm th	apacity. I further ag sy duties, and I am fo 105, F.S. Or, if this o at the limited liabilit	ree to compl miliar with a locument is b ty company h	y with the and accept being filed as been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent