LJ2000128397

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 1 4 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dr) 5 House Ca	//s LLC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Trease retain an correspondence concerning and mac	er to the following.
James Farementh Name of Person	
Dr. J's Hissa Calls Firm/Company	TELLA:
160 Leenord ct.	THE LANK SSEE FLORID
Marco Island, FL 34. City/State and Zip Code	145 SEE
E-mail address: (to be used for future annual report notification)	t. wet
For further information concerning this matter, please	e call:
J. Faremowth at (3)	/3) 505 – 58 77 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amou	nt:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

^	1 ' (1)
1. Name of the limited liability company:) S House calls, LLC
 (a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) 	160 Leeward ct
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
10/9/12	L 12000 128 397
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	
Registered Agent;	Lorporation Service Co
Registered Office Address:	Tallahase Fl 323
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	J. Fare month
(MUST BE FLORIDA STREET ADDRESS)	,FL 34/45
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office
Printed or typed name of signee	ASSEEL OF
I hereby accept the appointment as registered agent and accomply with the provisions of all statules relative to the product of I am familiar with and accept the obligations of my post chapter 668, F.S. Or, if this document is being filed to menuadress, I hereby confirm that the limited liability company	
Signature of Registered Agent Division of Comparations, B.O. Box (2)	97 Tallahanna Et 2024
Division of Corporations, P.O. Box 633	47, Tahanassee, FL 32314

FILING FEE: \$25.00