

L14 00000 86469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

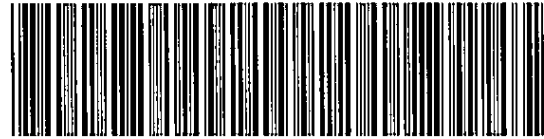
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600329061036

05/08/19--01011--013 **25.00

FILED
MAY 17 2019
19 MAY -8 PM 6:51
F.A. YOUNG

MAY 17 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

793HOME, LLC

SUBJECT: _____
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:

Robert E Dickey

Name of Person

793HOME, LLC

Firm/Company

2889 John Anderson Drive

Address

Ormond Beach, FL 32176

City/State and Zip Code

bobdickey328@yahoo.com

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

For further information concerning this matter, please call:

Lisa Scartelli

386

793-4663

at (_____) _____

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

\$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 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.

1. Name of the limited liability company: 793HOME, LLC

2. (a) 2889 John Anderson Drive (b) 2889 John Anderson Drive

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Ormond Beach, FL 32176

Ormond Beach, FL 32176

3. 5/29/2014 Date of filing/registration in Florida 4. L14000086469 Document number

5. (a) Lisa Scartelli
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
2889 John Anderson Dr.

Ormond Beach, FL 32176

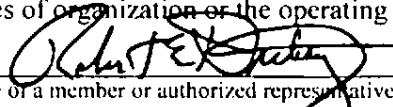
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Robert E Dickey

NEW Registered Office Address:
2889 John Anderson Dr.

Ormond Beach, FL 32176

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

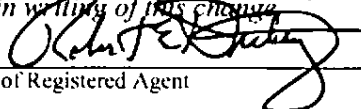


Robert E Dickey

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Signature of Registered Agent

19 MAY -8 PM 6:51