L16000166637

| (Requestor's Name) | | | | | | |
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| | | | | | | |
| (Address) | | | | | | |
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| (Address) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| MAR 1 6 2022 | | | | | | |

Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|----------|--|-----------------|--|--|--|--|--|
| SUBJI | M&JJ Homeservicing LLC | | | | | | |
| | Name of Limited Liability Company | | | | | | |
| Dear S | ir or Madam: | | | | | | |
| The en | closed Registered Agent/Registered Off | ice Change a | nd fee(s) are submitted for filing. | | | | |
| Please | return all correspondence concerning th | is matter to th | ne following: | | | | |
| James I | F Lozinski | | | | | | |
| | Name of Person | | | | | | |
| М&ЈЈ Г | Homeservicing LLC | | | | | | |
| • | Firm/Company | | | | | | |
| 6228 F | oxfire Lane | | | | | | |
| | Address | | | | | | |
| Fort My | yers, FL 33912 | | | | | | |
| | City/State and Zip Code | | ············ | | | | |
| Jelozins | ski@aol.com | | | | | | |
| Е | -mail address: (to be used for future ann | ual report no | tification) | | | | |
| For fur | ther information concerning this matter, | please call: | | | | | |
| Elizabe | th Lozinski | 860 at (| 402-3473 | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | |
| | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| | Enclosed is a check for the following | amount: | | | | | |
| | ■ \$25 Filing Fee | ۵ | \$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.

| Na | ame of the limited liability company: M&JJ Homeservic | cing LLC | C | | | |
|-------------------------------|---|--|---|---|--|--|
| (a) | 6228 Foxfire Lane | (| b) | | | |
| (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Fort Myers | (| | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | Florida 33912 | - | | | | |
| | September 6, 2016 | | L16000166 | 6637 | | |
| | Date of filing/registration in Florida | - 4. | | Document number | | |
| (a) | James F Lozinski | | | | | |
| (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 11544 Stonecreek Circle | | | | | |
| | Fort Myers , FL | 33913 | <u>.</u> | _ | | |
| (b) . | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | 2022 HAR -7 SECRETARY TALLAHASSET | | |
| | NEW Registered Office Address: | _ | - | - SS: -1 | | |
| | 6228 Foxfire Lane | | | | | |
| | Fort Myers, , FL | 33912 | |) 1:29 | | |
| nge nt w /we artic | mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | register bility co f the lin imited l | ed office and ompany, it nited liabili liability con | nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. | | |
|) (3) | ure of a member or authorized representative of a member | Jam —— | es F Lozinsi | | | |
| ereb visio obli nere | by accept the appointment as registered agent and agreent of a likelihood and agreent of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change. | ee to act perform for in (ereby co | t in this cap ance of my Chapter 60, onfirm that | Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and acces, F.S. Or, if this document is being file the limited liability company has been | | |
| natur | e of Registered Agent | | | | | |