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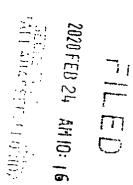
(Re	equestor's Name)				
(Address)					
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(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL.			
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(Document Number)					
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RAROKHS

MAR 1 8 2020 ALBRITTON

## **COVER LETTER**

Division of Corporations	
SUBJECT: Urmont Handyman Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
Mclanic Edwards Name of Person	
Clement Handyman UC Firm/Company	
10235 Mason Loop	
City/State and Zip Code	
Manayhome clement & gmail. I E-mail address: (to be used for future annual report not	CIM (ification)
For further information concerning this matter, please call:	
Melanic Educards at (32)	1 ) 299 - 3381 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	\$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.

1. Na	ime of the limited liability company:	Hand	lyman LLC	
2. (a)	877 W. Minrol-Ave, 120267	(b)	J877 W Minn	coloture 12026
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		<del>-</del>	Timited liability company: E POST OFFICE BOX)
	Clermont, FL 34712		Clement Fo	34712
			,	
	March 13, 2019		L1900007	10940
3.	Date of filing/registration in Florida	4.	Document nun	nber
5. (a)	United States Corporation Age. Registered Agent and Registered Office shown on the records of the	1456 T	Inc.	
	13302 Winding Oak (4.	Frioriua 1.	жери. От State.	
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	<del></del>	
				20°
	Tampa FL	336	12	F 1 2020 FEB
(1.)	Molania Educada			B 21
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addi	<u></u>	a m
	10225 Mar ( a)			AH O
	NEW Registered Office Address:		<u> </u>	5 6
	Clamont FL	347	1[	
If the Ji	imited liability company is not organized under the laws	of the S	tate of Floridal it is hereb	ov confirmed that after the
change	or changes are made, the Florida street address of the re	gistered	office and the business of	office of the registered
was/we	vill be identical. Or, in the case of a Florida limited liabite authorized by an affirmative vote of the members of	the limit	ed liability company or a	
the artic	cles of organization or the operating agreement of the lin	13 / 3	· · · · · · · · · · · · · · · · · · ·	le /
Signat	the of a member or authorized representative of a member	111	danie Lhwar Printed or typed	name of signee
I herek proviși	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f	to act in	- n this capacity. I further ce of my duties, and Lam	agree to comply with the gramiliar with and accept
to mere	ilv reflect a change in the registered office address, I hei	or in Ch reby con	apter 605, F.S. Or, if thi firm that the limited liabi	s document is being filed ility company has been
New Year	l'in writing of this change.			
Signatu	ro of Registered Agent			