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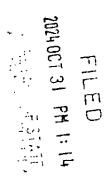
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-824-0300 - Main 800-600-1760 - Main -Toll Free 775-824-0105 — Fax 775-284-7165 — Ayelet Direct arotem@corporatedirect.com

October 25, 2024

Florida Department of State Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Re: Statement of Change of Registered Agent for Limited Liability Company – Do It Right Paint and Handyman Services, LLC

Attached please find 2 copies of the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company – Do It Right Paint and Handyman Services, LLC, and a Check in the amount of \$25 for the filing fee.

Please mail the confirmed copy of the document to me in the enclosed paid return envelope.

Thank you for your attention to this request, please let me know if you have any questions.

Sincerely,

Ayelet Rotem

Ayelet Rotem Incorporating Specialist

COVER LETTER

TO:

TO:	Registration Section Division of Corporations							
SUBJE	CT: Do It Right Paint and Handyman Ser	rvices, LLC						
	Nar	Name of Limited Liability Company						
Dear Si	r or Madam:							
The enc	losed Registered Agent/Registered Oft	fice Change a	nd fee(s) are submitted for filing.					
Please r	eturn all correspondence concerning th	nis matter to ti	he following:					
Ayelet R	Rotem							
	Name of Person		 -					
Corpora	te Direct, Inc.							
	Firm/Company	· <u>-</u>						
2248 Me	eridian Blvd., Ste H							
	Address							
Minden.	NV 89423							
	City/State and Zip Code							
arotem@	Ocorporatedirect.com							
E-	mail address: (to be used for future and	nual report no	tification)					
For furt	her information concerning this matter	, please call:						
Ayelet R	otem	at (2847165					
	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	g amount:						
	☑ \$25 Filing Fee	0	\$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.

L. Na	me of the limited liability company:	nd Hand	lyman Service	es. LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3225 McLeod Dr, Suite 100		3225 McLe	od Dr. Suite 100
	Las Vegas, NV 89121	_	Las Vegas,	NV 89121
	09/27/2021		L210004240	53
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	ANDERSON REGISTERED AGENTS, INC.			
. (u)	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of State	!!
	625 E. Twiggs Street, Suite 110			207
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>S)</u>	100 TI
	Tampa, FL	33602		3
(b)	Registered Agents Inc			TILED PH 1: 14
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	<u>ldress</u> :	
	7901 4th St N			
	NEW Registered Office Address:			-
	STE 300			-
	St. Petersburg, FL_	33702		
the cha agent v was/wo	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regional the region that the region to the region the region to the region the region to the region to the region the region to the region	istered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
()	gelet Katem	Aye	elet Rotem, Au	thorized Representative
. ~	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. David Roberts - Assistant Se	perforn l för in iereby c	t in this cape iance of my e Chapter 605 confirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
.0,	David Roberts - Assistant Se	cretary		

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

Signature of Registered Agent

D

COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	T: Do It Right Paint and Handyman Services, LLC Name of Limited Liability Company					
Dear Sir or N	vladam:					
The enclosed	d Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.			
Please returi	all correspondence concerning this n	natter to the	following:			
Ayelet Rotem						
	Name of Person					
Corporate Dir	rect, Inc.					
	Firm/Company					
2248 Meridia	n Blvd., Ste H					
	Address					
Minden, NV 8	89423					
	City/State and Zip Code					
arotem@corp	poratedirect.com					
E-mail	address: (to be used for future annual	report noti	fication)			
For further i	nformation concerning this matter, plo	ease call:				
Ayelet Rotem		at (⁷⁷⁵	2847165			
	Name of Person	(Area Code & Daytime Telephone Number			
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	Ro Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 illahassee, Florida 32314			
Enc	losed is a check for the following an	nount:				
☑ \$	25 Filing Fee	□ s	55 Filing Fee & Certified Copy			
INHS18 (2/1-	4)					

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.

. (a)		(\	(b)		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	3225 McLeod Dr, Suite 100	 -	3225 McLeod Dr. Suite 100		
	Las Vegas, NV 89121		Las Vegas, NV 89121		
	09/27/2021		L21000424053		
	Date of filing/registration in Florida	4.	Document number		
. (a)	ANDERSON REGISTERED AGENTS, INC.				
(-7	Registered Agent and Registered Office shown on the records o	the Florid	da Dept. of State:		
	625 E. Twiggs Street, Suite 110				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Tampa, F	1,_33602	2024		
(b)	Registered Agents Inc		FILED 2024 OCT 31 PM PARTIES:		
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office as	address:		
	7901 4th St N		FR ST		
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	33702 L			
he changent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the authorized representative of a member of authorized representative of a member aby accept the appointment as registered agent and as	of the regliability of the line e limited	gistered office and the business office of the registers company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in d liability company. velet Rotem, Authorized Representative Printed or typed name of signee		

Signature of Registered Agent