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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HANDY DOC Name of I	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
John Midliger Name of Person	
HAndy Doc Socurces Firm/Company	<u>: LLC</u>
5 204 Europa deive 1	Unit A
Boynton Beach Flor City/State and Zip Code	ide 33437
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, plea	se call:
John Midige an	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

Enclosed is a check for the following amount:

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

1NHS18 (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. Name of the limited liability company: Handy Doc Service 2. (a) 5204 Europe Deive unt A Boynton Bea	es
2. (a) 5204 Europe Deive unt A Boynton Bea	ch F1- 33437
Principal office address of limited liability company: N (Note: MUST BE STREET ADDRESS)	failing address of limited liability company: (Note: MAY BE POST OFFICE BON)
5204 Europa Dlive unit A SAM	1.6
Boynton Beach F1. 33437	
$\frac{3-23-2022}{\text{Date of filing/registration in Florida}} \qquad \frac{4}{4}$	2000143699 Document number
5. (a) Cheyenne Moseley US CORP AGE Registered Agent and Registered Office shown in the records of the Florida Dept. of States	ents:
S575 South Semoran Blud. Suite 36 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	ORLando F132822
5575 South Semoran Bluch	
Or La, 20 FL 32822	
(b) John Midlige Enter name of NEW Registered Agent and/or NEW Registered Office address:	2023 ASS
John Midlige NEW Registered Office Address	22:
5204 Europa DR. Unt A	F 10: 58
Boynton Beacl 111. 33437	- '
If the limited liability company is not organized under the laws of the State of Flo change or changes are made, the Florida street address of the registered office and agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability company of a member or authorized representative of a member	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
I hereby accept the appointment as registered agent and agree to act in this capa provisions of all statutes relative to the proper and complete performance of my different the obligations of my position as registered agent as provided for in Chapter 605, to merely reflect a change in the registered office address. I hereby confirm that to notified in writing of this change. Signature of Registered Agent	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been