

L14000091414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

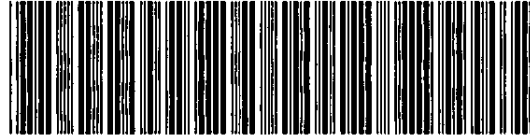
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 SEP 29 P 3:24

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SEP 30 2015

S MASO

# enitia corporation

EMPOWERING • AMERICA'S • ENTREPRENEURS

Enitia Corporation

315 West Huron, Suite 240

Ann Arbor, MI 48103

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

September 22, 2015

**Re: A 1 Complete Home Watch LLC**

Dear Sir or Madam:

Enitia Corporation has been authorized by Carol Dolcemascolo to file the enclosed Amendment for A 1 Complete Home Watch LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)  
documents@directincorporation.com

Thank you,

Ed Stahlin  
Enitia Corporation

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A 1 Complete Home Watch LLC  
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:

Edward Stahlin

Name of Person

Direct Incorporation

Firm/Company

315 W. Huron, Ste. 240

Address

Ann Arbor, MI 48103

City/State and Zip Code

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

For further information concerning this matter, please call:

Edward Stahlin

Name of Person

at ( 877 ) 281-6496

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: A 1 Complete Home Watch LLC

2. (a) 8536 Mallards Way, Naples, FL 34114 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 06/06/2014 4. L14000091414  
Date of filing/registration in Florida Document number

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

9280 MENAGGIO CT., UNIT 101,  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL 34114

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

8536 Mallards Way  
**NEW** Registered Office Address:

Naples, FL 34114

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.

Carol Dolcemascolo  
Signature of a member or authorized representative of a member

Carol Dolcemascolo  
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.*

Carol Dolcemascolo  
Signature of Registered Agent

**FILED**  
2015 SEP 29 P 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA