	r: 46-4563738		Certificate of Status Desired: No	
Name and A	Address of Current Registered Ag	gent:		
AGUIRRE, DOI 12134 BRIAN I SAN ANTONIC				
The above name	d entity submits this statement for the purpose of	changing its registered office or regis	tered agent, or both, in the State of I	Florida.
SIGNATURE: DORA AGUIRRE				03/07/2022
	Electronic Signature of Registered Ager	nt		Date
Authorized	Person(s) Detail :			
Authonizeu	MGR	Title	MGR	
Title	MGR		AGUIRRE, DORA	
	PONCE, RAUL	Name	AGUIRRE, DORA	
Title		Name Address	12134 BRIAN DRIVE	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DORA AGUIRRE

MGR

03/07/2022

12134 BRIAN DRIVE SAN ANTONIO, FL 33576

Current Mailing Address:

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000010673

Entity Name: DR HOME IMPROVEMENTS LLC

Current Principal Place of Business:

Mar 07, 2022 **Secretary of State** 4096640092CC

FILED

Date

Electronic Signature of Signing Authorized Person(s) Detail