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

PRESIDENT

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK A HURLEY

Electronic Signature of Signing Authorized Person(s) Detail

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

# Authorized Person(s) Detail :

Title	MGRM, PRESIDENT, AUTHORIZED MEMBER HURLEY, PATRICK ANTHONY	Title	VP, AUTHORIZED MEMBER	
		Name	COSENTINI, MARIA	
Name		Address	125 S STATE RD 7 SUITE 104271	
Address	125 S STATE RD 7 SUITE 104271		WELLINGTON FL 33414	
City-State-Zip:	WELLINGTON FL 33414			

### FEI Number: 81-2234618

## Name and Address of Current Registered Agent:

HURLEY, PATRICK 125 S STATE RD 7 SUITE 104271 WELLINGTON, FL 33414 US

## DOCUMENT# L16000068856

Entity Name: HURLEY HOME SOLUTIONS LLC

## **Current Principal Place of Business:**

125 S STATE RD 7 SUITE 104271 WELLINGTON. FL 33414

## **Current Mailing Address:**

125 S STATE RD 7 SUITE 104271 WELLINGTON, FL 33414 US

Electronic Signature of Registered Agent

Certificate of Status Desired: No

FILED May 19, 2023 Secretary of State 2164866161CC

> 05/19/2023 Date

Date