F170000002045

(Re	equestor's Name)		
(Ac	ldress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bi	isiness Entity Nan	ne)	
(Document Number)			
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Special Instructions to	Filing Officer:		
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
THE HANDYMAN HOME AND GARDEN SERVICES, INCORPORATED SUBJECT:
Name of Corporation
DOCUMENT NUMBER: F17000002045
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
YANIV BOUSSIBA
Name of Contact Person
Firm/Company
7579 SOLIMAR CIRCLE
Address
BOCA RATON, FL 33433
City/State and Zip Code
LOOP_SB@YAHOO.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
YANIV BOUSSIBA at 847 414-0365 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2018

YANIV BOUSSIBA 7579 SOLIMAR CIRCLE BOCA RATON, FL 33433

SUBJECT: THE HANDYMAN HOME AND GARDEN SERVICES,

INCORPORATED

Ref. Number: F17000002045

We have received your document for THE HANDYMAN HOME AND GARDEN SERVICES, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 318A00022487

RECEIVED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of FLORIDA	
	der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: THE HANDYMAN HOME AND GARDEN SERVICES, INCORPORAT	ED
2. The principa	al office address: 7579 SOLIMAR CIRCLE, BOCA RATON, FL 33433	
3. The mailing	address (if different): 7579 SOLIMAR CIRCLE, BOCA RATON, FL 33433	
4. Date of incor	prporation/qualification: 5/4/2017 Document number: F17000002045	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	YANIV BOUSSIBA	
	22 TAM O SHANTER LANE	
	BOCA RATON, FL 33431	
6. The name and (if changed):	22 TAM O SHANTER LANE BOCA RATON, FL 33431 and street address of the new registered agent (if changed) and /or registered office	いフ
	MGB ACCOUNTING CORP.	
	7579 SOLIMAR CIRCLE	
	P.O. Box NOT acceptable	
	BOCA RATON, FL 33433	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent.	
	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
	YANIV BOUSSIBA, PRESIDENT	
I barahy accant	the appointment as registered agent and agree to act in this capacity. It the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I at that the corporation has been notified in writing of this change.	
- M Sig	gnature of Registered Agent Date	
If signing on be	ehalf of an entity:	
	BOUSSIBA	
'	Typed or Printed Name * * * FILING FEE: \$35.00 * * *	
	** * ******	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)