

F1700000 2015

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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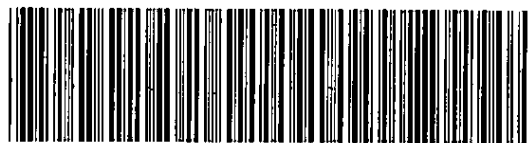
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE HANDYMAN HOME AND GARDEN SERVICES, INCORPORATED

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:

**JODI RONEN**

Name of Contact Person

**JG CONSULTING SERVICES, LLC**

Firm/Company

**5481 WILES RD STE 502**

Address

**COCONUT CREEK, FL 33073**

City/State and Zip Code

**JODI@ACCU-TAX.TAX**

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

For further information concerning this matter, please call:

**JODI RONEN**

Name of Contact Person

**754 220-8270**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA 12 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE HANDYMAN HOME AND GARDEN SERVICES, INCORPORATED

2. The principal office address: 7579 SOLIMAR CIRCLE, BOCA RATON FL 33433

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/04/2017 Document number: F17000002045

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MGB ACCOUNTING CORP

7579 SOLIMAR CIRCLE

BOCA RATON, FL 33433

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JG CONSULTING SERVICES, LLC

5481 WILES RD STE 502

P.O. Box NOT acceptable

COCONUT CREEK, FL 33073

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

Yaniv Bussibay c  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Jodi Bonen  
Signature of Registered Agent

8/20/19  
Date

If signing on behalf of an entity:

Jodi Bonen  
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