L04000023206

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COVER LETTER

Division of Corporations
SUBJECT: Team Home Services LLC (Name of corporation)
DOCUMENT NUMBER: LO4000023206 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. AFR Please return all correspondence concerning this matter to the following:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
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:
Steven Brooks FERRATION 22
Team Home Services LLC (Firm/Company)
40627 Terry Rd (Address)
Zephyrhills Fl. 33540 (City/state/and zip code)
For further information concerning this matter, please call:
Steven Broks at (813) 245-3313 (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 409 E. Gaines Street Tallahassee, FL 32399

J. . . .

TO:

Amendment Section



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 23, 2004

STEVEN BROOKS TEAM HOME SERVICES LLC 40627 JERRY RD. ZEPHYRHILLS, FL 33540

SUBJECT: TEAM HOME SERVICES LLC

Ref. Number: L04000023206

FILLLU
2005 JAN 24 PM 4: 22
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DIVILION OF CORPORATIONS
DIVILION OF CORPORATIONS

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

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 204A00071246

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the blate of 1 tortian.	11	_	
1. The name of the limited liability company is: <u>Jeam</u>	Hom		vices LLC.
2. The mailing address of the limited liability company is: _	POB	882	5
7	4414	FL	33674
3-25-04	L04	0000	232.06
3. Date of filing/registration in Florida	4. Docume	nt numbe	
5. The name of the registered agent and the registered office a Florida Department of State:			ne records of the
Name Name Name Name Name Name Name Name City, State and Zi	335Z_		PIY JON JAN
6. The name and address of the new registered agent and/or o	_		1LEU 124 PM 17 CORPI
Steven Brook	<u> </u>		是 3
Steven Brook 40627 Jerry	Rl		FILED AN 24 PM 4: 2: AHASSEE, FLORE
Florida street address (P.O. Box I	NOT accept		DA DA
Zephyrhills FL:	33540		_
City, State and Zip			
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Flor and the business office of the registered agent will be identically liability company, it is hereby confirmed that the change(s) we the members of the limited liability company or as otherwise the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member)	rida street ad al. Or, in the as/were auth provided in	te of Flori Idress of the case of a horized by the article	da, it is hereby he registered office Florida limited an affirmative vote of es of organization or
William D- Dorf			-
(Printed or typed name of signee)	-==:		
I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my posit Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company h	ee to act in i er and comp tion as regis ly reflect a c ias been not	this capac plete perfo tered ager change in ified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.
(Signature of Registered Agent)			

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

INHS18(10/99)

FILING FEE: \$25.00