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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Littly Name)		
(Daguera) Number		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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A. LUNT		
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Office Use Only



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· COVER LETTER

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Division of Corporations	
symptom. Home Advice LLC	
SUBJECT: Home Advice LLC (Name	e of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Mark Warda	
(Name of Person)	
L.T.S.C LLC	
(Firm/Company)	
28 West Park Avenue	
(Address)	
Lake Wales, FI 33853	
(City/State and Zip Code)	
For further information concerning this ma	utter please call·
To totale momation concerning this ma	inter, prease can.
Susan Awadallah	at (727) 688-7719
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tananassee, Florida 32314
Enclosed is a check for the follow	ing amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

* 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.

1. Name of the limited liability company: Home	Advice LLC	_ 0
2. (a) Principal office address of limited liability c (Note: MUST BE STREET ADDRESS)	ompany: 334 East Lake Road # 115 Palm Harbor, FI 34685	0 0
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	Palm Harbor, FI 34685	
February 2, 2005	L050000010915 ETARY	F
3. Date of filing/registration in Florida	4. Document number	O
5. (a) Registered Agent and Registered Office sho		
Registered Agent:	John Awadallah	_
Registered Office Address:	334 East Lake Rd # 115 Palm Harbor, Fl 34685	_
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW Registered Agent</u> :	or NEW Registered Office address:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	28 West Park Avenue	-
that after the change or changes are made, the Flori	der the laws of the State of Florida, it is hereby confidate street address of the registered office and the busing the case of a Florida limited liability company, it is orized by an affirmative vote of the members of the liticles of organization or the operating agreement of	ness
(Signature of a member or authorized representative of a member)		
SUSAN AWADALIAH (Printed or typed name of signee)		
	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, osition as registered agent as provided for in Chapteflect a change in the registered office address, I here notified in writing of this change.	o and I er 608, eby