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(Requestor's Name) (Address) (Address)	900253227529				
(City/State/Zip/Phone #)	10/28/1301050011 **25.00				
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2013 OCT 28 PH 2: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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TO: Registration Section Division of Corporations

SUBJECT: MULTI-TASK PROPERTY REPAIR SPECIALIST, LLC

Name 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 concerning this matter to the following:

Ervin Gonzalez

Name of Person

Multi-Task Property Repair Specialist, LLC

Firm/Company

252 Osprey Lakes Circle

Address

Chuluota, Florida 32766

City/State and Zip Code

ervingonzalez1122@yahoo.com

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

For further information concerning this matter, please call:

Ervin Gonzalez

Name of Person

407

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

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: Multi-Task Property Repair Specialist, LLC
- 2. (a) Principal office address of limited liability company: 252 Osprey Lakes Circle (Note: MUST BE STREET ADDRESS) Chuluota, Florida 32766
 - (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

April 03, 2008

3. Date of filing/registration in Florida

L08000034023

252 Osprey Lakes Circle

Chuluota, Florida 32766

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

R	egis	tered	Agent	:

Lucinda A. Gonzalez

	Registered Office Address:	1397 Benevolent Street	E.	20	
		Maitland, Florida 32751	Ē	3	
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			in the second	28	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	<u>V Registered Office ac</u>	<u>ldress</u> :	00	
	NEW Registered Agent:	(SAME)	E F	PH	
	NEW Registered Office Address:	252 Osprey Lakes Circle	ORIC	2:3	
	(MUST BE FLORIDA STREET ADDRESS)	Chuluota, Florida 32766	2		
	••••••••••••••••••••••••••••••••••••••			FL	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

- (10-22-13) Signature of a member or authorized representative of a member

GONZALEZ

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

10/22/13 ucinda Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)