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Office Use Only



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FILED

12 MAY -4 PM 12: 93

SECRETABLE OF STATE

N. Guilligan MAY -8 2012

COVER LETTER

PO: Registration Section Division of Corporations		
SUBJECT: B&B Hom	e Restonation	
SUBJECT: B&B Home Restonation 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:		
Michael Bailer Name of Person		
B&B Home Restoration Firm/Company		
15620 Thistle Den Ct Address		
F+ Myn F1 33 City/State and Zip Code	9/2	
BAiley 1728 @ Com Ast. Net E-mail address: (to be dised for future annual report notification)		
For further information concerning this matter, please call:		
Mite Stiley at (6	239) 223-9060	
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	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following 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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
1. Name of the limited liability company:	-B Home Restoration LLC
2. (a) Principal office address of limited liability compar	ny: 15620 Thistle Den C+
(Note: MUST BE STREET ADDRESS)	Ft. Myor FIA 339/2
(b) Mailing address of limited liability company:	6900 DAniels Phry 507 302 Ft Myor F1 33912
(Note: MAY BE POST OFFICE BOX)	5UA 302 Ft Myor F1 33912
3. Date of filing/registration in Florida	<u>L 0 9 0 0 0 0 1 6 3 7 9</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Legalzoom
Registered Office Address:	100 W Broadway Ste 100 Glendale CA 9/210- 1230
(b) Enter name of <u>NEW Registered Agent</u> ; and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Deborah Bailey 15620 Thistle Dew Ct
Medi Bu i Bonibii Sikubi indbikusij	FF myel ,FL 339/2
If the limited liability company is not organized under the confirmed that after the change or changes are made, the hand the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(so the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of amember of authorized representative of a member	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization y.
Printed or typed name of signee	PM IZ: 93
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, whereby confirm that the limited liability compan	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314

FILING FEE: \$25.00