L09000054263

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
<u> </u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Linky Ivanie)				
(Document Number)				
Certified Copies Certificates of Status				
				
Special Instructions to Filing Officer:				

Office Use Only



200333123702

09/66/19-5015(6--025 **23.0)

2019 SEP -6 PM 3: 24 SECTION ASSESSMENT

SEP 1 6 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: September 4, 2019

Order#: 892175/061

Re: HOME SERV DELIVERY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25___.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

<u>XX</u> Return Regular Mail in the enclosed envelope.

Attn:Katie THOMAS c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: HOME SERV D	ELIVERY,	LLC	
2. (a)	6751 FORUM DRIVE SUITE 200	(b)	6751 FORUM DRIVE SUITE 200	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	-
	ORLANDO, FL 32821		ORLANDO, FL 32821	
	06/04/2009	L	L09000054263	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	BUSINESS FILINGS INCORPORATED Registered Agent and Registered Office shown on the records of to 1200 SOUTH PINE ISLAND Registered Office Address		Dept. of State:	
	PAGEL BELLEVILLE STREET A	IDDRESS)	& 2	
	PLANTATION FL.	33324	2019 SEP -6	
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street NEW Registered Office Address:	C_{i}		
	Tallahassee , FI.	32301		
agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the register bility comp Ethe limited	red office and the business office of the register pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in	
Ciamo	/s/ Marc G. Baumann	Marc G	3. Baumann, Manager	
I hereb provision the obli to mere notified	we of a member or authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	performanc for in Cha ereby confi	Printed or typed name of signee this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filled from that the limited liability company has been ce E. Kirby, Asst. Vice President	ne ipt id

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