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Office Use Only

G. MCLEOD

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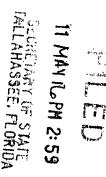
EXAMINER



400207561404

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COVER LETTER

TO: Registration Section Division of Corporations		
•		
SUBJECT: Healthy Home Restoration and Cleaning Services, LLC.		
Name of Limited Lia	ability Company	
Dear Sir or Madam:		
The analoged Designated Accept/Designated Office Char		
The enclosed Registered Agent/Registered Office Char	ige and ree(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
•		
Scott Hudson Name of Person		
Name of Ferson		
Hoolthy Homo Postaration and Classics Convince	11.0	
Healthy Home Restoration and Cleaning Services Firm/Company	<u>LLC</u>	
4211 E. Busch Boulevard		
Address		
Tampa, Fl. 33617		
City/State and Zip Code		
scott@healthyhometampa.com E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please c	all:	
Scott Hudson at (72	7) 410-9247	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	
	Division of Corporations	
-	-	
<u> </u>	P.O. Box 6327	
	P.Q. Box 6327 Fallahassee, Florida 32314	
Tallahassee, Florida 32301	Fallahassee, Florida 32314	
Tallahassee, Florida 32301 Enclosed is a check for the following amount:	Fallahassee, Florida 32314	

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: Healthy Ho	ome Restoration and	Cleaning Servic
2. (a) Principal office address of limited liability compar	ny:	
(Note: MUST BE STREET ADDRESS)	4211 E. Busch Bouley Tampa, Fl. 33617	vard
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	4211 E. Busch Boulev Tampa, Fl. 33617	ard
May 6, 2010		
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida	Dept. of State:
Registered Agent:	Scott Hudson	> 0:
Registered Office Address:	4211 E. Busch Bouleve Tampa, Fl. 33617	ard X
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office add	Less S. C. C. L.
NEW Registered Agent:	Mike Hudson	25 U
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4211 E. Busch Boulev Tampa	rard ,FL33617
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	laws of the State of Florida Florida street address of the atical. Or, in the case of a F s) was/were authorized by a provided in the article	a, it is hereby registered office lorida limited an affirmative vote les of organization
Mike Hudson Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pi and I am familiar with and accept the obligations of my pi Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compar	agree to act in this capacity roper and complete perforn osition as registered agent t erely reflect a change in the ny has been notified in writi	v. I further agree to nance of my duties, as provided for in e registered office ing of this change.
Signature of Registered Agent		

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