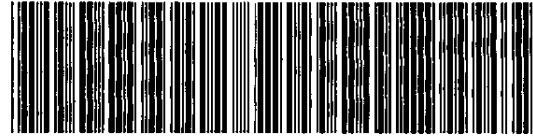


L100000067904



900185375809

10/01/10--01023--007 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
10 OCT -1 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT -4 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWEET HOME IMPROVEMENTS 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:

JANOS F KOVACS
Name of Person

SWEET HOME IMPROVEMENTS LLC
Firm/Company

2607 28TH AVE E
Address

PALMETTO FL
City/State and Zip Code

SWEETHOMEIMPROVEMENTS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANOS F KOVACS at (917) 209 8545
Name of Person 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

\$55 Filing Fee & Certified Copy

FILED
10 OCT - 1 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SWEET HOME IMPROVEMENTS LLC

2. (a) Principal office address of limited liability company: 5708 FISHERMANS DR

(Note: **MUST BE STREET ADDRESS**) BRADENTON
FL 34209

(b) Mailing address of limited liability company: 5708 FISHERMANS DR

(Note: **MAY BE POST OFFICE BOX**) BRADENTON
FL 34209

06/25/2010
3. Date of filing/registration in Florida

L10000067904
4. Document number

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

Registered Agent: JANOS F KOVACS

Registered Office Address: 5708 FISHERMANS DR
BRADENTON
FL 34209

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address: 2607 28TH AVE E

(MUST BE FLORIDA STREET ADDRESS) PALMETTO, FL 34221

FILED
10 OCT -1 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Janos Kovacs
Signature of a member or authorized representative of a member

JANOS F KOVACS

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.

Janos Kovacs
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00