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COVER LETTER

TO:

INHS18 (2/14)

TO:	D: Registration Section Division of Corporations					
SUBJI	Whatever Home Improvements & Renovations, LLC					
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Name of Limited Liability Company					
Dear S	ir or Madam:					
The er	closed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	ollowing:			
Chris	tian Abraham					
	Name of Person		_			
Ande	rson Business Advisors					
	Firm/Company		_			
3225	McLeod Drive, #100		• • •			
	Address		_			
Las \	/egas, NV 89121					
	City/State and Zip Code		_			
<u> </u>	-mail address: (to be used for future ann	ual report notific	cation)			
For fu	rther information concerning this matter,	please call:				
Chris	tian Abraham	800 at (7064741			
	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	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$55	5 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 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.

i. N	lame of the limited liability company: Whatever Hor	me imp	rovement	s & Renovations, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	890 Stirling Dr		890 Stirl	
	Winter Springs, FL 32708	_	Winter S	Springs, FL 32708
	10/11/2010		L100001	05716
3.	Date of filing/registration in Florida	4.	1	Document number
5. (a)	Registered Agent and Registered Office shown on the records of MCKEE, JAMES C	the Florida	Dept. of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET A	1		
	Winter Springs	32708		AUG 26
(b)	Anderson Registered Agents, Inc.			26 AH
•	Enter name of NEW Registered Agent and/or NEW Registered	ne of NEW Registered Agent and/or NEW Registered Office address;		
	1000 North Washington Blvd			D 9: 32
	NEW Registered Office Address:			
	Sarasota , FL	34236		-
the chagent was/w	limited liability company is not organized under the laviange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	vs of the the regis ability co	State of Flostered office ompany, it is itself itse	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		Chr	istian Abr	
I here provis the ob to men notifie	ature of a member or authorized representative of a member eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I le ed in writing of this change.	ree to act perform d for in (hereby co	in this cap ance of my Thapter 603 onfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signat	ure of Registered Agent			