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EXAMINER



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IN FEB -2 PM I: II
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HT Home Service LLE 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:			
Howard G Tewksburg Jr. Name of Person			
HT Home Service LCC			
4655 Country Manor dr Addess Sara sota FL 34233 City/State and Zip Code			
Chipbarb Q verza net E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Howard & Tewksburg Ir. at (941) 922 - 4324 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 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301			
\$25 Filing Fee \$\int \\$55 Filing Fee & Certified Copy			

INHS18 (5/08)

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:	me Sorvice LLC
2. (a) Principal office address of limited liability company	: 4655 Country Manardr
(Note: MUST BE STREET ADDRESS)	Samsota FL 34233
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	4655 Country Mayor dr Sarasota, FZ, 34233
1/1/2011	L10000128641
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Under States Corporation agents inc
Registered Office Address:	13302 Winding Oaks blud # 19 Tampa, FL 33612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Howard G Tenksburg ir.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4655 Country Manor dr. Saracota ,FL 34233
If the limited liability company is not organized under the loonfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) 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 Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of the obligations of my post chapter 608, F.S. Or, if this document is being filed to mend address, I hereby confirm that the limited liability company. Signature of Registered Agent Division of Corporations, P.O. Box 63.	gree to act in this capacity. If the registered office for and complete performance of my duties, sitton as registered agent as provided for in the registered office of this change.
FILING FEE: \$2	

INHS18 (05/08)