L11000140280

(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

900313787569

05/29/19--01036--017 **35.00

FILED
2019 MAY 29 AM 6:12
TALLAHASSEE, FLORIDA

JUN 01 2019
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Repairman LLC
Proposed 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:

Jason Myers
Name of Person

The Repairman LLC
Firm/Company

9129 Mid Pines Ct
Address

Orlando FL 32819
City/State and Zip Code

jasoncmyers73@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Myers at 407 575-8534
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

INHS18 (2/14)

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. Name of the limited liability company: The Repairman LLC

2. (a) 9129 Mid Pines Ct 32819
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 9129 Mid Pines Ct Orlando 32819
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 12/12/2011
Date of filing registration in Florida

4. L11000140280
Document number

5. (a) Jason C. Myers
Registered Agent and Registered Office of record in the records of the Florida Dept. of State:

112 N. Summerlin Ave Orlando 32801
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

(b) Jason C. Myers
Enter name of **NEW** Registered Agent and the **NEW** Registered Office address

9129 Mid Pines Ct
NEW Registered Office Address:

Orlando FL 32819

FILED
2012 MAY 23 AM 6:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is now 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.

Signature of a member or authorized representative of a member

Jason Myers
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 605, 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.

Signature of Registered Agent

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

INHS18 (2/14)