

L11000140280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

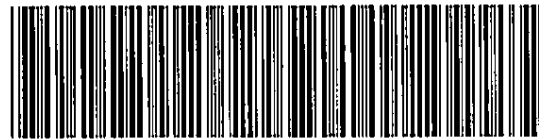
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2019 MAY 29 AM 6:12
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JUN 01 2019
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Repairman LLC
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 Pine 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

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) 969 Mid Pines Ct 32819 (b) 969 Mid Pines Ct Orlando 32819
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 12/12/2011 4. L11000140280
Date of filing registration in Florida Document number

5. (a) Jason Myers
Registered Agent and Registered Office Address: 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/or NEW Registered Office address:
969 Mid Pines Ct
NEW Registered Office Address:

Orlando 32819

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 principal 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.

Jason Myers
Signature of a member or authorized representative of a member

Jason Myers
Printed or typed name of signer

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 faithful 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.

Jason Myers
Signature of Registered Agent

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