## 112000122693

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100R 416/15

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: TOPS Y RENOVATIONS  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:					
SANDRA R ERICKSON  Name of Person					
Topsy Renovations, LLC Firm/Company					
12651 STRATHMORE LOOP Address					
FORT Myers, FL 33912 City/State and Zip Code					
Seriek 8833 @ Aol. Com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (612) 850 3377-/239985-2223  Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft 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:					

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

## STATEMENT OF CHAI 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.	Na	ame of the limited liability company: 1005y 1	enc	ovoti	DNS, LLC	<u> </u>	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1596 Ma	SO Q/ND illing address of limit (Note: MAY BE PO	V C+ led liability	• •
		Fort Myers, FL 33908	_				<del></del>
3.		Date of filing/registration in Florida 4	_ 	1200	013269	3	-
	(n)	SANDRA R ERICKSON		D	ocument number	L	
٦.	(a)	Registered Agent and Registered Office shown on the records of the F	lorida De <sub>l</sub>	pt. of State:			
		15960 CINDY OT	<u>.</u>		<b>162</b> , ≥ 1	2015	
		Registered Office Address (MUST BE FLORIDA STREET ADD.	<u>RESS)</u>				~
		FORT MYPTS, FL.	3 <i>3</i> 90	08	ASSEE, FU	MAR 13 PH C	FILED
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	ce addres	<u>s</u> :	ORID *	3 2: Smr	}
		12651 STRATH MORE LO NEW Registered Office Address:	ООР	····	.ei	,	
		FORT Myers ,FL.	339	12	,		
the ago wa	cha nt w s/we	imited liability company is not organized under the laws or ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabili- ere authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limit	registere ty comp e limited	ed office a any, it is h I liability o	and the business of hereby confirmed company or as of	office of that the	the registered change(s)
	jonat	ture of a member or authorized representative of a member	M	ndr	Printed or typed name	Chr.	(ox
I h pro the to i not	erelevisie obli nere ified	by accept the appointment as registered agent and agree to the proper and complete perflications of all statutes relative to the proper and complete perflications of my position as registered agent as provided for ely reflect a change in the registered office address, I here d in writing of this change.  Manage The Complete C	o act in formanc r in Cha by confi	this canac	ity I further gar	ee to cor	nply with the th and accept is being filed y has been