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PICK-UP	☐ WAIT	MAIL
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JUN 11 2014 R. WHITE



May 14, 2014

CHARLES B WARE 6102 8TH AVE S GULFPORT, FL 33707

SUBJECT: C. WARE HOME REPAIRS, LLC

Ref. Number: L13000096055

We have received your document for C. WARE HOME REPAIRS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 114A00010349

14 JUN -9 #110: 46

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: C. Ware Home Repairs, LLC  Name of Limited Liability Company		
Name of Elimited 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:		
Charles Bennett Ware Name of Person		
C. Ware Home Repairs, LLC Firm/Company		
6102 8th Ave 50 Address		
Stlete, F2 33707 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Churk WARE at (727) 686 7855  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  Area Code & Daytime Telephone Number Registration Section Division of Corporations 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 Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida ORPORATION SERVICE CO Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (b) Enter name of New Registered Agent and/or NEW Registered Office address: If the limited liability company is not 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 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 bifice address. I hereby confirm that the limited liability company has been unfiled in writing of this change.

Signature of Registered Agent