Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000005038 3)))



H180000050383ABCZ

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To:

Division of Corporations

Fax Number : (850) 617-6303

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone : (702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for metu annual report mailings. Enter only one email address please. 🗗

Email Address: Managed reports @ Incorp. com

LLC REGISTERED AGENT CHANGE

الهاف المحكور

#### HANDS ON RENTALS AND PROPERTY MAINTENANCE, LLC

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### H1800000 20383

# COVER LETTER ;

TO:	Registration Section Division of Corporations	:						
SUBJI	Hands On Rentals And Property Maintenance, LLC							
	Name of Limited Liability Company							
Dear S	ir or Madam:	:						
The en	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please	return all correspondence concerning this m	natter to the following:						
	Karen Gibson							
	Name of Person	·						
	InCorp Services, Inc.							
	Firm/Company	<del> </del>						
	3773 Howard Hughes Pkwy. Suite 5	00s						
	Address							
	Las Vegas, NV 89169-6014							
	City/State and Zip Code							
	managedreports@incorp.com							
E	-mail address: (to be used for future annual	report notification)						
For fur	ther information concerning this matter, ple	ase call:						
Kare	en Gibson for InCorp Services, Inc.	at ( 800 ) 246-2677						
	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						
INHSI	8 (2/14)	H180000050883						

### H180000050383

## 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: Hands On Ren	tais A	nd Property	Maintenance, LLC	;		
2. (a	2516 HAMLET LANE			(b) 2516 HAMLET LANE				
		of limited liability company:  STREET ADDRESS	<del></del>	`	Mailing address of limites (Note: MAY BE POST			
	KISSIMMEE, FL 34746	<u> </u>	<del>-</del>	KISSIM	MEE, FL 34746			
	01/26/2015		<u>.</u>	L1500001	4530			
3.	Date of filing/reg	istration in Florida	4.		Document number			
5. (	a) United States Corporati	ion Agents, Inc.			_			
	Registered Agent and Registere	d Office shown on the records of t	he Flori	da Dept. of Stat	te:			
	13302 Winding Oak Co	iurt A			_			
	Registered Office Address @	MUST BE FLORIDA STREET A	DDRE.	<u>(55)</u>		•		
		`			_	<u></u>	<del>=</del>	
	Tempa	, FL_		33612		F.5.		
	<del> </del>	,, F1/,			-	- F.	JAN	
(b	(nCorp Services, Inc.					388	1	•
	Enter name of NEW Registered	Agent und/or NEW Registered	Office :	ddress:	-	$m_{ ilde{E}}$	32	, 
		•				71	3K	<u></u>
	17888 67th Court North	<del></del>		·	<del>-</del>	<b>2</b> 27	:X	٠
	NEW Registered Office Addres	<b>.8:</b>					Ç)	
	·			<del></del> -; <del></del> -	-			
	1						,	•
	Loxahatchee	, FL_		33470	_			
agent was/v	e limited liability company is hange or changes are made, it will be identical. Or, in the were authorized by an affirmaticles of pagadization or the	he Florida street address of case of a Florida limited lia ative vote of the members of	the reg bility of f the li limited	pstered offic company, it i mited liabilit l liability con	e and the business of s hereby confirmed the cy company or as other apany.	fice of the hat the ch	registe ange(s)	ered
Sign	nature of dynamber or authorized re	presentative of a member	<u>C/</u>	ARL JOHN,	JEREMIE Printed or typed name o	f signee	_	
I her provi the of to me notifi KO	reby accept the appointment of sions of all statutes relative to bligations of my position as receivereffect a change in the reled in writing of this change.				7.	_	y with and acc reing fi as been	the cept led n

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