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LEBOZZONE J. HARRIS

COVER LETTER .

TO:

Registration Section

Divi	sion of Corporations				
SUBJECT:	KSHANDYMAN & LABOR SERVICES LLC				
Sebster.	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the	following:		
KELLY M	SMALLEY				
	Name of Person		_		
KSHAND	YMAN & LABOR SERVICES	LLC			
	Firm/Company		_		
4149 GRE	EEN OAK DR				
	Address				
MELBOU	RNE FL 32901				
	City/State and Zip Code				
KSMALLE	EY3@GMAIL.COM				
E-mail	address: (to be used for future ann	ual report notif	ication)		
For further i	nformation concerning this matter,	please call:			
KELLY M	SMALLEY	321	216-6743		
	Name of Person		Area Code & Daytime Telephone Number		
STR	REET/COURIER ADDRESS:	M	AILING ADDRESS:		
Reg	Registration Section Regi		gistration Section		
	ision of Corporations		vision of Corporations		
	ton Building		D. Box 6327		
	1 Executive Center Circle ahassee, Florida 32301	Ta	llahassee, Florida 32314		
Enclosed is a check for the following amount:					
□ \$	25 Filing Fee	⊿ \$:	55 Filing Fee & Certified Copy		
INHS18 (2/14	4)				

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.	Na	ame of the limited liability company: KSHANDYMAN & LABOR SERVICES LLC				
2	(a)	4149 GREEN OAK DR	(b) 4149 ((b) 4149 GREEN OAK DR		
۷.	(μ)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		MELBOURNE FL 32901	MELBO	OURNE FL 32901		
		FEBRUARY 06, 2015	L15000	023037		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	UNITED STATES CORPORATION AGE	ENTS, INC.			
٥.	(-)	Registered Agent and Registered Office shown on the recond 13302 WINDING OAK COURT A Registered Office Address (MUST BE FLORIDA STR				
		TAMPA	, FL 33612	TALLAN EN		
	(b)	KELLY M SMALLEY				
	` '	Enter name of NEW Registered Agent and/or NEW Regi	stered Office address:	THE THE		
		4149 GREEN OAK DR				
		NEW Registered Office Address:				
		MELBOURNE	, FL 32901			
the ag	e cha ent v as/w	imited liability company is not organized under tinge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of	ess of the registered off ted liability company, i bers of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in		
	Kl	lly m Smaller	KELLY M S	SMALLEY		
	Signa	ture of a member or authorized depresentative of a member		Printed or typed name of signee		
pr th to	ovis. e obi mer	by accept the appointment as registered agent an ions of all statutes relative to the proper and com igations of my position as registered agent as pr ely reflect a change in the registered office addre d in writing of this change.	nd agree to act in this conplete performance of movided for in Chapter 6 ess, I hereby confirm the	apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		
Si	1	Illy M Smalley) re of Registered Agent				

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