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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiless Elluty Name)						
(Document Number)						
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SECRETARY OF STATE

K. SALY MAR 15 2017

COVER LETTER

TO:

	Registration Section Division of Corporations								
SUBJE									
Name of Limited Liability Company									
Dear Sir	or Madam:								
The enc	losed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.						
Please re	eturn all correspondence concerning th	is matter to the	following:						
Phillip I	Brooks								
	Name of Person		_						
Brooks	Handyman Services, LLC		_						
	Firm/Company								
15061	Whimbrel Court								
	Address	<u></u>							
Ft. My	ers, Florida 33908								
	City/State and Zip Code		- 						
agoodh	nandyman4u2.com								
E-	mail address: (to be used for future ann	ual report notif	ication)						
For furt	her information concerning this matter,	, please call:							
Phillip Br	rooks	at (239	313-1982						
	Name of Person		Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS:	M.	MAILING ADDRESS:						
	Registration Section	gistration Section							
	Division of Corporations	Division of Corporations							
	Clifton Building	D. Box 6327							
	2661 Executive Center Circle Tallahassee, Florida 32301	llahassee, 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 Florida.

1.	Na	me of the limited liability company: Brooks Handyma	an Service	es, LLC			
2. (a)	a)	15601 Whimbrel Court	(b)	15601 V	Vhimbrel Court		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	N	Mailing address of limi (Note: MAY BE PO		
		Ft. Myers, Florida 33908					
		03/15/2015	 -	L1500004	46960		
3.		Date of filing/registration in Florida	4.		Document number	r	
5. (a)	a)	DLF REGISTERED AGENT SERVICE, LLC					
	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State	- ::			
	10181 SIX MILE CYPRESS PKWY, SUITE C						
		Registered Office Address (MUST BE FLORIDA STREET A	-				
					. ~		
		FORT MYERS, FL_	33908		-	2017 MAR 13 PM 2: 12 SECRETARY OF STATE TALLAHASSEE, FLORID	
(b)	h)	Phillip Brooks				R 13	1
		Enter name of NEW Registered Agent and/or NEW Registered (Office addr	ess:	-	P P	TT
		15061 Whimbrel Court				R 13 PM 2: 16	
		NEW Registered Office Address:			•	単一 2	
		Ft. Myers FL.	33908		-		
the dager was	chai it w we	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization of the operating agreement of the l	es of the S the registe bility con f the limit imited lia	ered office npany, it is ed liability	e and the business of the share	office of the reg I that the change	gistered e(s)
Sig	gnat	ure of a member or authorized representative of a member	<u></u>	ilda bilook	Printed or typed name	e of signee	
I he prov the c to m noti	rek Visio Obli Pere fileg	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete proper and complete proper and complete proper and complete proper agent as provided fly reflect a change in the registered office address, I had a writing of this change. The of Registred Agent	ee to act i performai I for in Cl ereby cor	n this cape ace of my c apter 605 afirm that i	acity I further am	ree to comply w	ith the accept g filed been