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| (Re                                     | equestor's Name)   |                 |  |  |  |
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| (Ci                                     | ty/State/Zip/Phone | <del>0</del> #) |  |  |  |
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| Special Instructions to                 | Filing Officer:    |                 |  |  |  |
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J. HARRIS

## **COVER LETTER**

| то:     | Registration Section Division of Corporations  |                      |   |  |  |  |  |
|---------|--|----------------------|---|--|--|--|--|
| SUBJI   | Schofield's Home Improvement, LLC  |                      |   |  |  |  |  |
|         | Nan  | ne of Limited Liab   | ility Company   |  |  |  |  |
| Dear S  | ir or Madam:   |                      |   |  |  |  |  |
| The en  | closed Registered Agent/Registered Off   | ice Change and fe    | e(s) are submitted for filing.                              |  |  |  |  |
| Please  | return all correspondence concerning th  | is matter to the fol | lowing:   |  |  |  |  |
| Patrio  | cia Schofield  |                      |   |  |  |  |  |
|         | Name of Person   |                      |   |  |  |  |  |
| Scho    | field's Home Improvement, LLC  |                      |   |  |  |  |  |
|         | Firm/Company   |                      | •   |  |  |  |  |
| 9607    | 2 Out Creek Way  |                      |   |  |  |  |  |
|         | Address  |                      |   |  |  |  |  |
| Yulee   | e, FL 32097  |                      |   |  |  |  |  |
|         | City/State and Zip Code  |                      |   |  |  |  |  |
|         | fieldshomeimprovement@yahoo.d  |                      | •   |  |  |  |  |
| E       | -mail address: (to be used for future and  | nual report notifica | ition)  |  |  |  |  |
| For fur | rther information concerning this matter   | , please call:       |   |  |  |  |  |
| John    | Schofield  | at (                 | 738-6429  |  |  |  |  |
|         | Name of Person   | •                    | Area Code & Daytime Telephone Number                        |  |  |  |  |
|         | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | Regis<br>Divis       | LING ADDRESS: stration Section ion of Corporations Box 6327 |  |  |  |  |
|         | 2661 Executive Center Circle<br>Tallahassee, Florida 32301                             | Talla                | hassee, Florida 32314                                       |  |  |  |  |
|         | Enclosed is a check for the following amount:  |                      |   |  |  |  |  |
|         | ☑ \$25 Filing Fee  | <b>\$55</b>          | 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. N   | ame of the limited liability company: Schofield's H  | lome Improve   | ment, LLC  |   |  |
|--|--|--|--|---|--|
| 2. (a)   |  |  |  |   |  |
| ` ,  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |  | Mailing address o<br>(Note: MAY B  | of limited liability company:   |  |
|  | 96072 Out Creek Way  | 9607   | 2 Out Creek W  | ay  |  |
|  | Yulee, FL 32097  | e, FL 32097  | L 32097  |   |  |
|  | 3/17/2015  | L150   | 00047858   |   |  |
| 3.   | Date of filing/registration in Florida   | 4.   | Document nu  | mber  |  |
| 5. (a)   | UNITED STATES CORPORATION AGENT  | , INC.   |  |   |  |
| J. (u)   | Registered Agent and Registered Office shown on the records of   | the Florida Dept. of   | State:   |   |  |
|  | Cheyenne Moseley   |  |  |   |  |
|  | Registered Office Address (MUST BE FLORIDA STREET  | ADDRESS)   |  |   |  |
|  | 13302 Winding Oak Court, A   |  |  |   |  |
|  | Tampa . FI   | 33612  |  | round   |  |
|  |  |  |  | SE S  |  |
| (b)  |  | 1000   | <del></del>  | क्रिकेट होता है हैं।  |  |
|  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | 1 Office address:  |  | 2 2   |  |
|  | Patricia J. Schofield  |  |  | B 22 PH 1: 46   |  |
|  | NEW Registered Office Address:   |  |  | FIGURE - U  |  |
|  | 96072 Out Creek Way  |  |  | ATE 6   |  |
|  | Yulee  | _32097   |  |   |  |
| signal line character was/w the art Signal line art line object to mer motifie | limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members lieles of organization or the operating agreement of the atture of a member of authorized representative of a member liby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ligations of my position as registered agent as provided in writing of this change in the registered office address, I are of Registered Agent | f the registered of lability company of the limited liability  John E. S  ree to act in this | ffice and the busir, it is hereby confit bility company or company.  Schofield  Printed or typed canacity. I further | ness office of the registered rmed that the change(s) as otherwise provided in hame of signee |  |