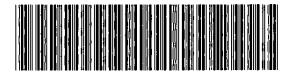
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SECRETARY OF STATE

311, 2 4 2315

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: D5 Handyoun Services LLC Name of Limited 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:						
Danjel Stoke Name of Person						
DS Handyman Services LLC Firm/Company						
625 Pine Cone Circle Address						
Holly H, 11/1=4 32117 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Danie / Stoke at (386) 333-4097 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						

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:	dyman	Service	5 666
2. (a)	Principal office address of limited liability company:	(b)	Gd5 Pine Mailing addres	Cone Circle s of limited liability company:
	(Note: MUST BE STREET ADDRESS) 1-/0//y /-//, FL 32//7			Y BE POST OFFICE BOX) / FC 32//7
		_		<u></u>
3.	June 10, 2015 Date of filing/registration in Florida	4.	2/50 60 10 Document	15 92 number
5. (a)	Registered Agent and Registered Office shown on the records of the	en / I	ot, of State:	
	United States Corporation agen Registered Office Address (MUST BE FLORIDA STREET A			
	13302 Winding Oaks Ct Tampa ,FL			15 . SEC
	1	3361	<u> </u>	JUL 24 LAHASS
(b)	Danie Stoke Enter name of NEW Registered Agent and/or NEW Registered	Office address	<u> </u>	PH 4: 28 SFE. FLORI
	NEW Registered Office Address:	<u> </u>		TATE ORID
	Holly H, 11 ,FL	32117	, 	
the cha agent w was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registere bility compa f the limited	ed office and the bus any, it is hereby cor liability company o	siness office of the registered
Signat	ure of a member or authorized representative of a member		Printed or lyp	Stoke ocd name of signee
l herek provision the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change	re to act in t performance I for in Chap vereby confir	his capacity. I furt e of my duties, and i oter 605, F.S. Or, ij m that the limited l	her agree to comply with the I am familiar with and accept I this document is being filed iability company has been