

L15000131973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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18 FEB 23 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN
FEB 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2018

ANA ROBAR
236 HUNTERS POINT TRAIL
LONGWOOD, FL 32779

SUBJECT: HOME ARRANGEMENTS LLC
Ref. Number: L15000131973

We have received your document for HOME ARRANGEMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE FORM SENT WAS MISSING THE SIGNATURE LINE FOR THE NEW REGISTERED AGENT, PLEASE FILL OUT ENCLOSED FORM

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 418A00002867

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME ARRANGEMENTS 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:

ANA ROBAR
Name of Person

HOME ARRANGEMENTS LLC
Firm/Company

236 HUNTERS POINT TRAIL
Address

LONGWOOD FL 32779
City/State and Zip Code

ANAGROBAR@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA ROBAR at (631) 833-5154
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

PAID

\$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. Name of the limited liability company: HOME ARRANGEMENTS LLC

2. (a) 1075 S. HAWASSEE RD. (b) SAME AS (A) OR
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

No. 923 P.O. Box 1306
ORLANDO FL 32835 SAG HARBOR NY 11963
8/3/15 L15000131973

3. 8/3/15 Date of filing/registration in Florida 4. L15000131973 Document number

5. (a) UNITED STATES CORPORATIONS AGENTS INC.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINNING OAK COURT
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
UNIT A
TAMPA FL 33612

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 18 FEB 23 PM 2:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(b) ANA ROBAR
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

236 HUNTERS POINT TRAIL
 NEW Registered Office Address:
LONGWOOD FL 32779

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
 Signature of a member or authorized representative of a member

ANA G. ROBAR
 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 Signature of Registered Agent