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COVER LETTER

Divis	sion of Corporations				
SUBJECT:	Right at Home Inspection Services LLC Name of Limited Liability Company				
эорагж, г.					
Dear Sir or N	Madam:				
The enclosed	Registered Agent/Registered	d Office Change and	fee(s) are submitted for filing.		
Please return	all correspondence concerni	ng this matter to the	following:		
Ryan Goulart					
	Name of Person				
Right at Home	e Inspection Services LLC				
	Firm/Company		_		
3817 Quando	Drive				
	Address				
Belle Isle, Flo	orida 32812				
	City/State and Zip Co	ode	_		
rightathomein	spect@gmail.com				
E-mail	address; (to be used for futur	re annual report notif	lication)		
For further in	nformation concerning this m	atter, please call;			
Ryan Goulart		407 at (9296524		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	losed is a check for the follo	owing amount:			
= \$:	25 Filing Fee	ū \$	55 Filing Fee & Certified Copy		

TO: Registration Section

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.

Na	une of the limited liability company: Right at Home Ir	spection Ser	vices LLC				
(a)	3817 Quando Drive, Belle Isle, Fl. 32812	(b)	3817 Ouando Drive, Belle Isle, FL 32812				
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited trability company: (Note: MAY BE POST OFFICE BOX)				
	3817 Quando Drive, Belle Isle, FL, 32812		3817 Quando Drive, Be	elle Isle, FL 32812			
	9/29/2015	 I.	15000165520				
	Date of filing/registration in Florida	4.	Document	number			
(a)	NORTHWEST REGISTERED AGENT LLC						
(11)	Registered Agent and Registered Office shown on the records o	f the Florida D	ept of State				
	7901 4TH STREET N.SUITE 300ST.PETERSBURG, F	L 33702		20:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2021 SE?			
	7901 4TH STREET N.SUITE 300			<u> </u>			
	ST.PETERSBURG , F	L.33702		22 P			
(b)	Ryan Goulart			PH 12: 42			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office addr</u>	CV	2			
	Ryan Goulart, 3817 Quando Drive, Belle Isle, FL 32812	!					
	NEW Registered Office Address.						
	3817 Quando Drive						
	Belle Isle	32812					
ange ent v s/we arti igna iere	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leare authorized by an affirmative vote of the members icles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agains of all statutes relative to the proper and complete	e registered iability com of the limit e limited lia Ryan ree to act in	office and the busine pany, it is hereby cored hability company bility company. Goulart Printed or ty a this capacity. I furt ce of my duties, and	ess office of the registered nfirmed that the change(s) or as otherwise provided in the ped name of signee ther agree to comply with the Lam familiar with and accert			
e obl mere tifice	ligations of my position as registered agent as providely reflect a change in the registered office address. It is the provided with the second of this change.	ed for in Ch hereby con	apter 605, F.S. Or, i firm that the limited i	I this document is being filed liability company has been			