L15000 173989

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otate/Zip// Notice hy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400324063874

02/08/19--01019--080 ★★25.00

2019 FEB ~6 PM 6: 39 SEGRED OF STATE TALLAMASSEE, FL

R. WHITE FEB 1 8 COR

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Modern Hame Francisco LLC Name of Limited Liability Company
rame of Emmed Emonity 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:
$\Lambda_1 \subset \Lambda_1$
Name of Person
Name of Person
Modern Home Innovations LLC Finn/Company
Finn/Company
9182 Properily Lake Dr.
Address
Jacksoville, FL 32244
City/State and Zip Code
1. 15 54.10.1/4.1
MHI_JAXeYAHOO. (on
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex Johnson at (904) 424-9795
Name of Person Area Code & Daytime Telephone Nun
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
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

Name of the limited liability company:	Mode	in Home	Innovations, LLC
Principal office address of limited liabil (Note: MUST BE STREET ADD 9187 Prosperity Lak Jacksonville FL 32	DRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
10/13/2015		_	L 15000173989
_		4.	Document number
(a) Breaken L. Aggar Registered Agent and Registered Office shown	on the records of	the Florida Dept.	of State:
Registered Office Address (MUST BE FLO	RIDA STREET.	ADDRESS)	
1420 Candy C+			
St. John 1	FI.	37259	2019:FEB
(b) Alex Johnson			B - 6
Enter name of NEW Registered Agent and/or	NEW Registered	Office address:	FEB -6 PH 6:39
NEW Registered Office Address:			—— THE 39
9182 Prosperty Lake	Dr.		
Jacksonui IIc	FL	32244	
the limited liability company is not organize e change or changes are made, the Florida st tent will be identical. Or, in the case of a Floas/were authorized by an affirmative vote of e articles of organization or the operating ag	reet address of orida limited li the members o	f the registered ability compan of the limited li	I office and the business office of the regin ny, it is hereby confirmed that the change (iability company or as otherwise provided
andthe		AL	Printed or typed name of signee
Signature of a member or authorized representative of	a member		Printed or typed name of signee
hereby accept the appointment as registered ovisions of all statutes relative to the proper e obligations of my position as registered ag merely reflect a change in the registered off tified in writing of this change.	l agent and agr and complete gent as provide fice address, L	ree to act in this performance of for in Chapte hereby confirm	is capacity. I further agree to comply wit of my duties, and I am familiar with and a ter 605, F.S. Or, if this document is being n that the limited liability company has be

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent