## 116000143250

(Democrated Name)						
(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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J. LEGGETT APR 0 2 2016

## **COVER LETTER**

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SURII	HOME PROS OF SWFL, LLC					
001301	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	ollowing:			
JEFF	PURCELLA					
	Name of Person		<u></u>			
ном	E PROS OF SWFL, LLC					
	Firm/Company		_			
1767	LAKEWOOD RANCH BLVD, STE	E #179				
	Address		_			
BRAD	DENTON, FL 34211					
	City/State and Zip Code		_			
Q.HC	MEPROSERVICES@GMAIL.CO	М				
E	-mail address: (to be used for future ann	ual report notific	eation)			
For further information concerning this matter, please call:						
JEFF	PURCELLA	239 at (	7855942			
	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	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, 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: HOME PROS	OF SI	WFL, LLC			
2. (a)	1767 LAKEWOOD RANCH BLVD	(I	(b) 1767 LAKEWOOD RANCH BLVD			
<b>-</b> . ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	STE #179		STE #17	79		
	BRADENTON, FL 34211	_	BRADENTON, FL 34211			
	08/01/2016		L1600014	<b>1</b> 3250		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.				
()	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT	ne Florida	a Dept. of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- 		
	TAMPA . FL	33612	.,	1		
	\ \frac{1}{2}					
(b)	JEFF PURCELLA					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
	1767 LAKEWOOD RANCH BLVD			- 2 f		
	NEW Registered Office Address:			-		
	STE #179			_		
	BRADENTON	34211		-		
the cha agent v was/we the arti Signat I herei provisi the obl to mere	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law in the properation of the law in the appointment as registered agent and agree ons of all statutes relative to the proper and complete properations of my position as registered agent as provided all reflect a change in the registered office address, I had in writing of this change.	s of the the regi bility co the lim imited JEI	stered office ompany, it is nited liability liability con FF PURCE	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.  ELLA  Printed or typed name of signee  activ. I further agree to comply with the		
Signatu	re of Registered Agent					
	Division of Corporations P.O. B	ox 632'	7● Tallahas	see. FL 32314		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32514 FILING FEE: \$25.00