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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Linuty Name)				
(Document Number)				
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Registered agent change					
C, C, T, T, T,		Name of Limited Liability Company				
Dear S	ir or Madam:					
The er	nclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the following:				
Robe	rt Ruhl					
	Name of Person					
Bob's	All In One Handyman,LLC					
	Firm/Company					
552 \	/ista Trail Ct.					
	Address					
Palm	Harbor,Fl.					
	City/State and Zip Code					
3468	3					
!	E-mail address: (to be used for future and	nual report notification)				
For fu	rther information concerning this matter	, please call;				
Robe	rt Ruhl	813 403-8544				
	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:					
	S25 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.

1. Na	me of the limited liability company: Bobs All in O	ne Handyma	n LLC
2. (a)		(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)
	552 Vista Trail Ct.	552	Vista Trail Ct.`
	Palm Harbor FI 34683	Paln	m Harbor, Fl.34683
	1/04/2019	L170	00009893
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	United States Corporation Agents Inc.		
5. (u)	Registered Agent and Registered Office shown on the records of	Tthe Florida Dept. c	of State:
	13302 Winding Oak t.		2011
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Tampa . Fi	33612	Pol State:
.1.5	Robert Ruhl		<u></u> بې
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address:	
	Robert Ruhl		
	NEW Registered Office Address:		
	552 Vista Trail Ct.		
	Palm Harbor	_34683	
the cha agent v was/we the arti Signat	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited libra authorized by an affirmative vote of the members cles of organization or the operating agreement of the authorized representative of a member or authorized representative of a member of a member or authorized representative of a member of a mem	I the registered of the limited lice limited liability Robert R	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. Suhl Printed or typed name of signee Support of the comply with the
nounee	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I l'in writing of this change. L'in writing of this change. Cof Registered Agent	performance of d for in Chapte hereby confirm	f my duties, and 1 am familiar with and accept r 605, F.S. Or. if this document is being filed that the limited liability company has been

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