

L17000043886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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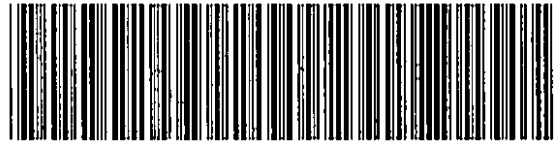
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

APR 02 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sparkles Home Watch 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:

Raymond Kelly

Name of Person

Sparkles Home Watch LLC

Firm/Company

4851 TAMIAMI TRAIL NORTH, STE 231

Address

NAPLES, FL 34103

City/State and Zip Code

raykelly@hotmail.co.uk

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond Kelly

at ( 239 ) 316 8170

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

☐ \$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: Sparkles Home Watch LLC

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> ) <u>4851 TAMIAMI TRAIL NORTH SUITE 231</u> <u>NAPLES, FL 34103</u>	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> ) <u>4851 TAMIAMI TRAIL NORTH SUITE 231</u> <u>NAPLES, FL 34103</u>
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3. _____ Date of filing/registration in Florida <u>02/23/2017</u>	4. _____ Document number <u>L17000043886</u>
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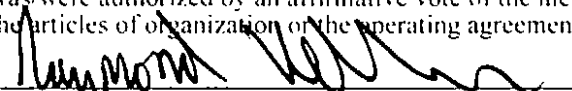
5. (a) WOODWARD, CRAIG R, ESQ.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
4851 TAMIAMI TRAIL NORTH SUITE 231  
NAPLES, FL 34103


(b) Sonu Shukla CPA PA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
7380 SAND LAKE RD STE 500 PMB 5002  
ORLANDO, FL 32819

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 of a member or authorized representative of a member	<u>Raymond Kelly</u> _____ Printed or typed name of signee
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*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 of Registered Agent

FILED  
MAR 30 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA