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

TO: Registration Section Division of Corporations	. 1						
Jeff McClung Handyman L.L.C. SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:	τ,						
The enclosed Registered Agent/Registered Office C	Change and fec(s) are submitted for filing.						
Please return all correspondence concerning this ma	atter to the following:						
Dennis J. McClung							
Name of Person							
Firm/Company							
3336 Ramblewood Dr. S							
Address							
Sarasota FI 34237							
City/State and Zip Code							
jeffmcclungmusic@gmail.com							
E-mail address: (to be used for future annual r	report notification)						
For further information concerning this matter, plea	ase call:						
Dennis J. McClung	419 30 4- 1130						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section						
Chitton Building 2001 Executive Center Chele	P.U. BOX 652/ Tattatiassee, Florida 52514						
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.

1. Na	ame of the limited liability company:	f McClung Hand	yman L.L.C	•	
2. (a)	Dennis J. McClung		(b)		
()	Principal office address of limited liability (Note: MUST BE STREET ADDR	company:	N	Aailing address of limited liability cor (Note: MAY BE POST OFFICE B	
	3336 Ramblewood Dr S				
	Sarasota FL 34237				
	4/13/2017		Applicatio	n #E00641986	
3.	Date of filing/registration in Flo	rida 4.		Document number	
5. (a)	Dennis E. McClung				
3. (a)	Registered Agent and Registered Office shown on	the records of the Florid	da Dept. of State	PACEAHA	17
	Registered Office Address (MUST BE FLORI	IDA STREET ADDRES	<u>22)</u>	HAS	
	3319 Ramblewood Dr S			HARY IASSEE	5
	Sarasota	, FL FL			
	Dennis J. McClung	/		STALL LORIU	August
(b)	Enter name of NEW Registered Agent and/or NE	W Pogistared Office a	ddraec	3	
	Enter manie of 142 W reegstered Agent and/or 141	, v registere office a	autess.		
	NEW Registered Office Address:				
	3336 Ramblewood Dr S				
	3330 Namblewood DI 3	 			
	Sarasota	, FL FL			
		,	C. CEL		. 6.
the cha	imited liability company is not organized tange or changes are made, the Florida street	et address of the rea	sistered office	and the business office of the	registered
	will be identical. Or, in the case of a Floriere authorized by an affirmative vote of the				
the arti	icles of organization or the operating ages	ement of the limited	l liability com	inanv — 1	1
1/0	my I Ille My	namma u	Pennis	J McClo	m
I here provisi the obl to mere	by accept the appointment as registered a ions of all statutes relative to the proper a ligations of my position as registered agen ely reflect a change in the registered office d in writing of this shares	gent and agree to a nd complete perfor it as provided for in e address, I hereby	ct in this cape mance of my e Chapter 605 confirm that i	acity. I further agree to compl duties, and I am familiar with a , F.S. Or, if this document is b the limited liability company h	y with the and accept being filed as been
De	mi I Malha				

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