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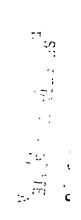
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(Requestor's Nam	e)
(Address)	
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(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
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OCT 02 2019

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	Odd Job Squad, LLC							
CODG.		Name of Limited Liability Company						
Dear S	Sir or Madam							
The en	nclosed Registered Agent/Registered Offi	ce Change	and fee	e(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to	the fol	lowing:				
Tisha	a Barbosa							
	Name of Person							
Odd .	Job Squad, LLC							
	Firm/Company							
2161	NE 2nd Terrace							
	Address							
Pomp	oano Beach, FL 33060-4919							
_	City/State and Zip Code							
oddjo	bsquad2017@gmail.com							
E	E-mail address: (to be used for future ann	ual report n	iotifica	tion)				
For fu	rther information concerning this matter,	please call:	:					
Jasm	ine Gonzalez	754		245-2752				
	Name of Person		I	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				
INHST	8 (2/14)							

LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liabilistic submits the following statement in order to change its registered office or registered agent, or both, in Florida

Ma	ame of the limited liability company	Odd Job Squ	ad, LLC		
2. (a)			(b))	
, ,	Principal office address of limited I (Note: MUST BE STREET	liability company:	、		Mailing address of limited liability ((Note: MAY BE POST OFFICE
	2161 NE 2nd Terrace			2161 NE	2nd Terrace
	Pompano Beach, FL 33060-	4919		Pompan	o Beach, FL 33060-4919
	7/24/2017		1	L170001	5813 9
3.	Date of filing/registration	in Florida	4.		Document number
5. (a)	Tisha Barbosa				
	Registered Agent and Registered Office sho	own on the records of	the Florida	Dept. of State	- : :
	···	FLORIDA STREET	ADDRESS	<u> </u>	
	2431 NE 3rd Ave				
	Pompano Beach	ដោ	33064		
C.					· · · · · · · · · · · · · · · · · · ·
(b,	Enter name of NEW Registered Agent and	d/or NEW Registered	Office add	ress:	
					• .
		_ _			. Ä
	NEW Registered Office Address:				
	2161 NE 2nd Terrace		.,	, -	-
	Pompano Beach	FL	33060~	491 9	
the cha agent v was/we the arti	imited liability company is not organge or changes are made, the Florid will be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization of the operating of a member or authorized representative vaccept the appointment as register on sof all statutes relative to the projections of my position as registered by reflect a change in the registered	a street address of Florida limited li e of the members of agreement of the e of a member	the regis ability con of the limi limited li	tered office mpany, it is ted liability ability con	e and the business office of the shereby confirmed that the chary company or as otherwise provingany. nine Gonzalez Printed or typed name of signee

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