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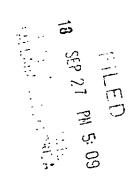
(Requestor	's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: R + S Home In Name of L	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Eric Rogers Name of Person	
R+S Home Improveme	ents.
175 main St # 5292 Address	
Oe Stron F2 32541 City/State and Zip Code	
E-mail address: (to be used for future annual repo	CON
For further information concerning this matter, please	call:
Erit Rogers at (8	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	ıt:
\$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. Name of the limited	liability company: Q	+S Home	topo	rements	
2. (a)		(b	\)		
Principal offi	ce address of limited liability c MUST BE STREET ADDRE	ompany:	Mailing		l liability company:
175 me	in St. H 52	92	175 mg	40 St 4	15292
Destin	R 32541	<u> </u>	Destro	FL 3	2541
10/13	117		41700	0224	230
3. Date of i	iling/registration in Flori	da 4.	Doce	ument number	_
5. (a) <u>\(\subseteq \sigma \s</u>	Porcifico Qui Registered Office shown on a	gords inc	D . 68		
			(Tept, or state;		
Registered Office Ac	diress MUST BY FLORID	A STREET ADDRESS	<u>'</u>	ه. پ م بر	ह
	FL 3361			سبر آ.	SEP 27 PM
Town				5.	SEP 27 PH
<u> </u>		, FL	·		- P
(b) Eric	Rogers				i ii i
	Registered Agent and/or NEV	V Registered Office add	dress:		
					32
NEW Registered Of	fice Address:	 			
175 m	ain & St. H	5292			
	•				
Destro	<u> </u>	fl <u>32</u>	541		
	mpany is not organized ur				
the change or changes are agent will be identical. (e made, the Florida street Or, in the case of a Florida	address of the regis a limited liability co	stered office and impany, it is here	the business of by confirmed t	fice of the registered hat the change(s)
was/were authorized by a	an affirmative vote of the on or the operating agreen	members of the lim	ited liability com	pany or as other	
2 Cor			ر م د ر	مرده حخ	
Signature of a mortber or au	thorized representative of a me	mber	Printe	ed or typed name o	f signee
I hereby accept the appa provisions of all statutes the abilizations of my pos to merely reflect a chang notified in writing of this	ointment as registered age relative to the proper and ition as registered agent e in the registered office change	ent and agree to act I complete perform as provided for in C address, I hereby co	in this capacity. ance of my duties Thapter 605, F.S. onfirm that the lii	I further agree s, and I am fam Or, if this doc mited liability c	e to comply with the iliar with and accept sument is being filed company has been
Signature of Registered Agent					