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COVER LETTER

TO: Registration Section

Division of Corporations			
SUBJECT: P & S Home Repair LLC. Name	of Limited 1.	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	: Change and	I fee(s) are submitted for fi	ling.
Please return all correspondence concerning this	matter to the	following:	
Matthew Robinson			
Name of Person			is a page to
P & S Home Repair LLC.			
Firm/Company		<u> </u>	
162 Yoder St.			-
Address			· ••
Wewahitchka, FL 32465			
City/State and Zip Code			
mattrobinson394@gmail.com			
E-mail address: (to be used for future annua	l report noti	fication)	
For further information concerning this matter, p	lease call:		
Scotty Messer	850	227-8663	
Name of Person	_ at () Area Code & Daytime 1	l'elephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the following a	mount:		
☑ \$25 Filing Fee	□ s	55 Filing Fee & Certified 6	Сору
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: P & S Home F	Repair LLC.
2. (a) 162 Yoder St.	(b) 162 YODER ST
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida 5. (a) Scotty Messer Registered Agent and Registered Office shown on the records of the state of the sta	4. Document number
160 Yoker St. Registered Office Address (MUST BE FLORIDA STREET A	
(b) Matthew Robinson Enter name of NEW Registered Agent and/or NEW Registered	32465 Office address:
NEW Registered Office Address:	2: 51
Wewahitchka FL	32465
If the limited liability company is not organized under the lay the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
Mucher Value	Mofflew Robinson Printed or typed name of signee
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I is notified in writing of this change.	we to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept of for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signature of Registered Agent	