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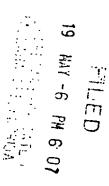
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PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

TO: Registration Section Division of Corporations Sarasota Home Watch Services SUBJECT: 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: Elizabeth Malden Name of Person Sarasota Home Watch Services Firm/Company 1453 Landings Circle Address Sarasota, FL 34231 City/State and Zip Code etm300@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 927-8586 941 Elizabeth Malden _ at (______ Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy **■** \$25 Filing Fee

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.

	Sarasota Hon	ne Watc	h Services			
	me of the limited liability company: 1453 Landings Cir, Sarasota, FL 34231	(b)				
- ' ('')	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Maili	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	May 29, 2018	_ ·	_180001329	957		
3. 5. (a)	Date of filing/registration in Florida United States Corporation Agents, Inc.	4.		cument number		
). (a)	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A 13302 Winding Oak Court, Ste. A	DDRESS)				
		33612			19	
(b)					AVH	וין די
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addi	<u>'ess</u> :		9-	
	Florida Registered Agent, LLC			اند اند ماران اند اند اند اند اند اند اند اند اند ا	₽	3
	NEW Registered Office Address: 7901 4th Street N, Ste. 300				6. 07	
	St. Petersburg , FL_	33	702			
the cha agent w was/we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete proper in the registered agent as provided by reflect a change in the registered office address. I have	the regist bility con f the limit limited lia	ered office an apany, it is he ed liability compared by the line of the line o	d the business of the preby confirmed ompany or as otherwise. Malde Malde name of the pred of the pre	ffice of that the that the the the the the the the the the th	of the registered ne change(s) e provided in ce

Bill Havre Signature of Registered Agent