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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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JUL 25 2019 S. YOUNG

4		COVER LETTER	(Change of registered	i agent)
TO: Registration S Division of C			(an ya ii	<i>)</i> /
SUBJECT:	NuFreedom Hon	ne Solutions L e of Limited Liability Con		
Dear Sir or Madam:				
The enclosed Registe	red Agent/Registered Offic	ce Change and fee(s) are s	ubmitted for filing.	
Please return all corre	espondence concerning this	s matter to the following:		
<u>Debor</u>	<u>WhAnn Cavalca.</u> Name of Person	nte		
Λ	luFreedom Home	2 Solutions LLC	•	
94136	Gull Point Pl Address			
Ferna	Ndina Beach, City/State and Zip Code	FL 32034		
<u>Oac</u> E-mail address:	@ dac, aero (to be used for future annu	ual report notification)		
For further information	on concerning this matter,	please call:		
	Cavalcante. e of Person	_ at (<u>757</u>) <u>34</u> Area Coo	8 5862 le & Daytime Telephone Number	
Registration Division of C Clifton Build 2661 Executi	Corporations	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

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.

I. Na	ame of the limited liability company: <u>NuFreedom Home Solutions</u>
2. (a)	Principal office address of limited liability company: Beach, FL (Note: MUST BE STREET ADDRESS) 32034 Mailing address of limited liability company: 320
3. 5. (a)	July 16, 2018 Date of filing/registration in Florida Legaling Corporate Services Time Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Sand Summerlin Commons Ste 400 Fort Meyers, FL 339.07 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FL .FL .FL
(b)	Deborah Ann Cavalcan le Enter name of NEW Registered Agent and/or NEW Registered Office address: 94136 Gull Point Pl Fernandina Beach, FL 32034 NEW Registered Office Address:
the cha agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
Lle	Deboration Cavalante uure of a member or authorized representative of a member Deboration Cavalante Printed or typed name of signee
I here provisi the obi to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.

Miller Covaliante

Signature of Registered Agent