8000/82808

(R	Requestor's Name	e)		
(A	(ddress)	-		
·	ddress)			
(C	City/State/Zip/Pho	ne #)		
] PICK-UP	☐ WAIT	MAIL		
(B	Business Entity Na	ame)		
(0	ocument Numbe	r)		
Copies	Certificate	es of Status		
Instructions to Filing Officer:				
_				

Office Use Only



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R. WHITE JAN 27 2020

COVER LETTER

egistration	1 Section
ivision of	Corporations

T:		
Nar	ne of Limited I	Liability Company
or Madam:		
sed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.
urn all correspondence concerning th	is matter to the	following:
rey		
Name of Person	· · · · · · · · · · · · · · · · · · ·	_
me Maintance, Lle.		
Firm/Company		
ander Ave.		
Address		
, Fl. 34982		
City/State and Zip Code		
21@gmail.com		•
nail address: (to be used for future and	nual report noti	fication)
er information concerning this matter	, please call:	
3REY	954	513-5330
Name of Person	(Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	g amount:	
\$25 Filing Fee	u :	\$55 Filing Fee & Certified Copy
2/14)		

MENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company te following statement in order to change its registered office or registered agent, or both, in the State of Florida.

e of the limited liability company: Rick's Home	Maintenance, Llc	-
51 Oleander Ave. Ft. Pierce, Fl. 34982	(b)	SAME
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7/31/2018	L18	3000182808
Date of filing/registration in Florida ODE AUBREY	4.	Document number
egistered Agent and Registered Office shown on the record 1268 SANCHEZ ST SE PALM BAY, FL. 32909	ls of the Florida De	pt. of State:
Registered Office Address (MUST BE FLORIDA STRE 3251 OLEANDER AVE.	2819	
FT. PIERCE	, FL	2 3
ode' Aubrey MEMBER		
inter name of NEW Registered Agent and/or NEW Regist	—————————————————————————————————————	
Michael Hall		
NEW Registered Office Address: 3251 Oleander Ave.		
Ft. Pierce	, FL	
nited liability company is not organized under the or changes are made, the Florida street address of II be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	Tthe registered of the liability compers of the limited	any, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.
re of a member or authorized representative of a member		Printed or typed name of signee
accept the appointment as registered agent and ins of all statutes relative to the proper and completations of my position as registered agent as proven reflect a change in the registered office address in writing of this change	agree to act in lete performanc vided for in Cha s, I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is heing filed rm that the limited liability company has been
of Registered Agent	•	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1L1NG FEE: \$25.00