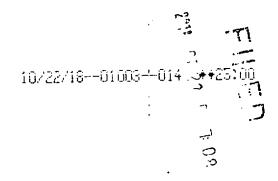
## 48 000 195078

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



800318087958



0 SCOTT

## **COVER LETTER**

_	tration Section ion of Corpor			•			
SUBJECT:	Home	Remodeling	Warehous	e L	<u>L C</u>		
-		Name o	of Limited Liabili	ty Compar	ıy		
Dear Sir or M	adam:						
The enclosed	Registered A	gent/Registered Office	Change and fee(s	s) are subn	nitted for filing	<u>,</u>	
Please return	all correspond	dence concerning this r	natter to the follo	wing:			
						1	神
Romo	in Ra	stegayou					•
	Na	stegayev unc of Person					. ``
						ŧ	, <b>.)</b>
Home	Remode	etina Wareho	use LLC				,
	Fir	eting Wareho					ئىب ت ت
							. :
8286	Wester	n Way Cir	unit 4C				
		Address					
T- 2/4	ع مالندية	51 32256					
Jacks	ONUTIE, F	Etate and Zip Code	<del></del>				
	Cityis	mate and Zip Code					
home	remodeli	ng warehouse (	e yahoo.con	n			
E-mail a	address: (to be	e used for future annua	Treport notification	on)			
For further in	formation co	ncerning this matter, pl	ease call:				
Roman	n Raste	egayer	at ( 412 )	370	6284		
	Name of P	erson	Ar	rea Code &	k Daytime Tele	phone N	umber
STRI	EET/COURI	ER ADDRESS:	MAILI	ING ADD	RESS:		
Regis	stration Section	on	•	ation Sect			
	ion of Corpor	rations		n of Corpo	orations		
	on Building Executive Co	ontar Cirola	P.O. Bo	ox 6327 issee, Flori	(do 32314		
	hassee, Floric		i angila	mace, I IUI.	199 757 17		
Encl	osed is a chec	ck for the following a	mount:				
<b>∆</b> \$2	5 Filing Fee		□ \$55 Fi	iling Fee &	& Certified Cop	у	

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. Nai	me of the limited liability company:	Home	Remod	eling	Warehouse	LLC
	8286 Western Way	Cir, unit		8286		y Cir, UnitCl
	(Note: MUST BE STREET		10	(Note: MAY BE POST		
	Jacksonville, FL	32256		Jacks	sonville,FL_	32256
3.	08/02/2018 Date of filing/registration i	n Florida		L 180	0000185078 Document number	-ਾਹ -ਾਹ
					·	· •
5. (a)	Bill Haver  Registered Agent and Registered Office sho  3030 N. Rocky Poir  Registered Office Address (MUST BE)	it Dr, si	Te 150		:	- 27 - 70
	Tampa		FL 3360	7	•	20
(b)	Roman Rastegay Enter name of NEW Registered Agent and 8286 Western	For NEW Registe	_			
	NEW Registered Office Address:		<del></del>			
	Jacksonville	,	FL_ 322	2.6	_	
the cha agent w was/we	imited liability company is not organ inge or changes are made, the Florid will be identical. Or, in the case of a cre authorized by an affirmative vote icles of organization or the operating	a street address Florida limited of the member	of the registed of the registed of the limited	ered office ipany, it is ed liability ibility con	e and the business of s hereby confirmed to y company or as oth apany.	ffice of the registered that the change(s) erwise provided in
	(Poverz)		Ro	man	Rastegaye	.V
·	ture of a member or authorized representativ					_
I herei provisi the obl to mere	by accept the appointment as registe ions of all statutes relative to the pro- ligations of my position as registered ely reflect a change in the registered	ered agent and opper and completed agent as proved office address	agree to act i ete performai ided for in Cl , I hereby coi	n this cap ace of my apter 605 afirm that	acity. I further agre duties, and I am fam i, F.S. Or, if this do the limited liability	re to comply with the niliar with and accept cument is being filed company has been

notified in writing of this change.

Signature of Registered Agent