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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

*Ent	er 1	the	email	address	for	this	busin	ess	entity	to	be	used	for	fut
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LLC REGISTERED AGENT CHANGE TC'S HANDYMAN AND MAINTENANCE LLC

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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. N	ame of the limited liability company: TC's Hal	ndyman a	nd Maintenance LLC					
2. (a)		(b)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	1674 UNIVERSITY PARKWAY LOT 19	1674 UNIVERSITY PARKWAY LOT 19						
	SARASOTA, FL 34243	SARASOTA, FL 34243						
	01/22/2019	L190	00022560					
3.	Date of filing/registration in Florida	4.	Document number					
5. (a)	UNITED STATES CORPORATION AGENT	rs, INC.						
(b)	Registered Agent and Registered Office shown on the records o	State:						
	5575 S. SEMORAN BLVD							
	Registered Office Address (MUST BE FLORIDA STREET							
	SUITE 36							
	ORLANDO F	L32822	2020 TAL					
	Registered Agents Inc.	2020 FEB						
	Enter name of NEW Registered Agent and/or NEW Registere							
		· P						
	7901 4th St N							
	NEW Registered Office Address:		2					
	STE 300							
	St. Petersburg	L <mark>33702</mark>						
the ch agent was/w the ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the companion of the c	of the registered o liability company of the limited lia	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.					
Sign	lature of a member or authorized representative of a member		Printed or typed name of signee					
provi: the ob to me notifi	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completed ignitions of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change. Bill Havre - Assista	gree to act in this e performance of led for in Chapter I hereby confirm nt Secretary	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed that the limited liability company has been					
Signat	ture of Registered Agent							