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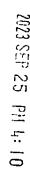
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| HONEYMAN HOME SERVICES L.L.C. SUBJECT: | |
| Name of l | Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Ch | nange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this mat | ter to the following: |
| CYNTHIA MCFARLANE | |
| Name of Person | |
| HONEYMAN HOME SERVICES L.L.C. | |
| Firm/Company | |
| 1395 BRICKELL AVE, STE 800 | |
| Address | ~ |
| MIAMI, FL 33131 | |
| City/State and Zip Code | |
| cynthia@hirehoneyman.com | |
| E-mail address: (to be used for future annual re | port notification) |
| For further information concerning this matter, please | e cali: |
| CYNTHIA MCFARLANE | 954 303-2234 |
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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 amou | int: |
| ■ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy |
| 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. N | ame of the limited liability company: | ME S | EK | VICES L. | L.C. | | | | |
|--|---|---|--------------------------------|---|---|------------------|----------------------------------|---|--|
| 2. (a) | 1395 BRICKELL AVE, STE 800 | _ | (b) 1395 BRICKELL AVE, STE 800 | | | | | | |
| | Principal office address of limited liability company: | | | Mailing address of limited liability company: | | | | | |
| | (Note: MUST BE STREET ADDRESS) | | (Note: MAY BE POST OFFICE BOX) | | | | | | |
| | MIAMI, FL 33131 | _ | MIAMI, FL 33131 | | | | | | |
| | 03/06/2019 | _ | I | .1900006 | 4251 | | | | |
| 3. | Date of filing/registration in Florida | 4. | _ | | Document i | number | | | |
| 5. (a) | Gonzalez, Tiffany C, CPA | | | | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of t 10300 SUNSET DRIVE, STE 451 | he Flor | ida l | Dept. of St | ate: | | | | |
| Registered Office Address (MUST BE FLORIDA STREET) MIAMI | | | | | | | 2023 : | | |
| | , FL | 33173 | | | | • | SEP 2 | | |
| (b) | CYNTHIA MCFARLANE | | | | | | Э | | |
| • / | Enter name of NEW Registered Agent and/or NEW Registered | Office | add | ress: | _ | | ==: ::: | 5 | |
| | 1627 BRICKELL AVENUE, UNIT 705 | | | | | # : e.c | | | |
| | NEW Registered Office Address: | | | | | | | | |
| | MIAMI | | | | | | | | |
| | , FL | 33129 | | | | | | | |
| change agent was/w the art | limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the least of a member or authorized representative of a member | registe bility f the li imited | con imit d lis | l office a many, it ed liabili bility co | nd the busines is hereby con ity company o mpany. FARLANE | ss office of the | ne regist he chan se provi | tered ge(s) | |
| | by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. (W Cordent | ee to a perfori for in ereby | net ii mar i Ch con | n this cap ace of my apter 60 firm thai | | _ | | with the d accept ing filed been | |