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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HIRES HANDYMEN Name of Limited Lie	LL C
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ce(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
ERIC HIRES Name of Person HIRES HADDYMEN LIC Firm/Company	_
9 EUGENE PL Address	
ST. AUGUSTINE, FL 32080 City/State and Zip Code	
E-mail address: (to be used for future annual report notified	cation)
For further information concerning this matter, please call:	
ERIC HIRFS at 1904 Name of Person	Sol- 3339 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 amount:	
S25 Filing Fee S5	5 Filing Fee & Certified Copy

IHS18 (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.

. (a)	9 BUGBAR PLACE, ST. AUG FL 32089(b) C Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
i.	June, 21 Zorg, 21 Date of filing/registration in Florida 4. NORTHWEST REGISTERED AGENT	00331146264 or (L11000164)
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7901 44h ST. N SUITE 300 ST. PETERS BURG , FL 33702 Enter name of NEW Registered Agent and/or NEW Registered Office address: ERIC HIRES NEW Registered Office Address: 9 BUGENE PLACE	
hange gent v ras/wa ne arti	imited liability company is not organized under the laws of the State or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability companiere authorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability of a member of authorized representative of a member by accept the appointment as registered agent and agree to act in this ions of all statutes relative to the proper and complete performance of ligations of my position as registered agent as provided for in Chapter by reflect a change in the registered office address, I hereby confirm	of Florida, it is hereby confirmed that after the fice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in try company. FRIC FIRES Printed or typed name of signee

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

gnature of Registered Agent