119000206819

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	ity/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
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2019 NH 2115 MH 9: 59

R. WHITE.
DEC 1 4 2019

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	Brown & Bailey Handyman	Service. LLC		
	Nan	ne of Limited Liab	ility Company	
Dear S	iir or Madam:			
The en	nclosed Registered Agent/Registered Off	fice Change and fe	e(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the fo	llowing:	
Calvi	n W Brown			
	Name of Person			
Brow	n & Bailey Handyman Service			
	Firm/Company			
7234	Campflowers Rd			
	Address			
Your	ngstown, FL, 32466			
-	City/State and Zip Code		•	
cwbr	own053@gmail.com			
F	3-mail address: (to be used for future and	nual report notifica	ation)	
For fu	rther information concerning this matter	, please call:		
Calvi	n W Brown	850	814-1758	
•	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		LING ADDRESS:	
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301			
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee	\$ 55	Filing Fee & Certified Copy	

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: Brown & Bail	<u> </u>	man Service, LLC		
2. (a)	Calvin W Brown	(b) ((b) Calvin W Brown		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*/	Mailing address of lim-	ited liability company: OST OFFICE BOX)	
	7234 Campflowers Rd	7	234 Campflowers Rd		
	Youngstown, FL. 32466		oungstown, FL. 32466	3	
	August 14, 2019	Ľ	19000206819		
3.	Date of filing/registration in Florida	4.	Document number	er	
5. (a)	Calvin W Brown				
()	Registered Agent and Registered Office shown on the records of	the Florida De	ept, of State:		
	Calvin W Brown				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	7234 Campflowers RD			20	
	Youngstown	32466		2019 ic	
	, r			· -	
(b)	Marcus M Bailey Co-Owner			رن ص	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u>85</u> :		
				بني ج	
	NEW Registered Office Address:			59	
	registered office Address.				
	, FI	i			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registe iability com- of the limite c limited lial	red office and the business pany, it is hereby confirmed d liability company or as o	office of the registered d that the change(s) therwise provided in	
Signa	ature of a member or authorized representative of a member		Printed or typed nam	ne of signee	
provis the ob to mer	eby accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, le ed in writing of this change.	ree to act in e performan ed for in Cha hereby conf	this capacity. I further ag ze of my duties, and I am fo upter 605, F.S. Or, if this a urm that the limited liabilit	ree to comply with the amiliar with and accept locument is being filed ly company has been	
Signati	ure of Registered Agent				

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