L20000052120

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

Office Use Only

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2022 JUH - 3 PM 4: 34

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Hoom In Your Home, U.C.					
- Tunic of Corporation					
DOCUMENT NUMBER: L 2000052120					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person					
Name of Contact Person					
Firm/Company					
916 Alondale AUE.					
Address					
Roam In your Home U.C. Firm/Company 916 Asondale Ase. Address Daytona Beach, Fr. 32117 City/State and Zip Code Januarize Cyanos. Com E-mail address: (to be used for future annual report notification)					
Janwillizus Chanos. con					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
JAMIE Williams at 386, 589-0126					
Name of Contact Person at (386) S89-0126 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Street Address: Amendment Section					

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



Received 4
-3 AM 7:59
ANY OF STATE
HASSEE, FL

March 23, 2022

JAMIE WILLIAMS 916 AVONDALE AVENUE DAYTONA BEACH, FL 32117

SUBJECT: ROAM IN YOUR HOME LLC

Ref. Number: L20000052120

We have received your document for ROAM IN YOUR HOME LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The changed was made on March 7, 2022 on the annual report.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 522A00006860

Received W 2022 JUN -3 AM 7: 59 SECRETARY OF STATE TALLAHASSFE FL

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. Na	ime of the limited liability company:	In You	Home LLC			
			916 Avorda	JE ALE		
2. (a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(0)_	Mailing addre	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Daylona beach, PL 32117		Daytona B	each fl	32117	
•	Date of filing/registration in Florida	- <u>-</u>	L 200000 5		<u> </u>	
3.		4.	Document	number		
5. (a)	Registered Agent and Registered Office shown on the records of t		pt. of State:			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		. 20		
	54 PEtrasbung			2022 JUH	, , , , , , , , , , , , , , , , , , ,	
	, FL	<u>_ 3370</u>)2_	မ	Y	
(b)	Jamie Williams			PM 4: 3t		
,	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>88</u> :	# 34 # 34		
	SIL ASONDAIE A.E.					
	NEW Registered Office Address:					
	Daytona Bonch FL	3211	<u> </u>			
change agent was/w	imited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered (ability comp of the limite	office and the busing pany, it is hereby cond liability company oility company.	ness office of the onfirmed that the or as otherwise	e registered e change(s) e provided in	
Signa	unite of a member or authorized representative of a member		Printed or t	lyped name of signe	rc	
I here provis the ob to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I in writing of this change.	ree to act in performand d for in Cha hereby conf	this canacity I fur	ethor aaroo to co	unnly with the	
Signati	ire of Registered Agent					