

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000040851 3)))



H240000408513ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC

Account Number : I20220000070 : (888)462-3453 Phone

: (877)919-2613 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* EEH E4224@INICEH E COM

Email	Address:	EFILE 1234@INCFILE.COM

## LLC REGISTERED AGENT CHANGE LIST PRO'S HOME REFURBISHMENT LLC

Certificate of Status	0
Certified Copy	()
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help

## COVER LETTER

(((H24000040851 3)))

TO: Registration Section Division of Corporations	. (((1240000 3000 1 3)
LIST PRO'S HOME REFURBISHMENT LI	1 <i>C</i>
SUBJECT:	
Name of Ci	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filling.
Please return all correspondence concerning this matte	er to the following:
LOVETTE DOBSON	
Name of Person	
Firm/Company	
17350 STATE HWY 249 STE 220	
Address	<del></del>
HOUSTON, TX 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
LOVETTE DOBSON at (	888-462-3453
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 amoun	nt:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	(((H24000040851 3)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H24000040851 3)))

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.

I. Na	une of the limited liability company:	IE REFUR	BISHME	ENT LLC	
2. (a)	6017 FOR TUNE, PL.	6017 FORTUNE PL(b)			
	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)  APOLLO BEACH, FL 33572			Mailing address of limited liability company:  **INOTE: MAY BE POST OFFICE BOX**  LO BEACH, F1, 33572	
	02/20/2020	 I.	20000057	7333	
•	Date of filing/registration in Florida	-1.		Document number	
. (a)	UNITED STATES CORPORATION AGENTS, INC.  Registered Agent and Registered Office shown on the records of t  476 RIVERSIDE AVE.	he Florida D	Jept. of Sta	me:	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		_	
	JACKSONVILLE FL	32202			
(b)	REPUBLIC REGISTERED AGENT LLC			EB-I A	
	Enter name of NEW Registered Agent and or NEW Registered	NSS.			
	1150 Nw 72nd Ave Tower i Ste 455				
	NEW Registered Office Address.	-			
	Miami	33126		<del></del>	
thangent vas/white art	Imited hability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited his ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability com of the limit fimited ha	l office a ipany, it ed liabili	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.	
l here wovis he ohi o mer	by accept the appointment as registered agent and agricins 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 affice address. It is dip writing of this change.	ee to act is performan I for in Ch icreby con	r this cap we of my apter 60 firm that	nacity. I further agree to comply with the	
<u>₩</u> Signati	Sley Julian  ire of Registered Agent			/////04000040054_0\\\	

(((H24000040851 3)))
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00