Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE NEIGHBORMAN'S HOME SERVICES L.L.C.

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## 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: NEIGHBOF	RMAN'S	S HOME	SERVICES L.I	C.	
2. (a)	5 PINE CROFT LN	(h	(b) 1750 S Palmetto Ave.			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited I		
			APT 21	l		
	PALM COAST, FL 32164		South D	aytona, FL 32119		
	06/03/2020		L200001	151604		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	LEGALINC CORPORATE SERVICES INC.					
51 (8)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	<u>.</u>		
	5237 SUMMERLIN COMMONS				₹. ~	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS		-		
	SUITE 400					
	FORT MYERS FI	33907		•	2021 JUN -2 A	
		7		-		
(b)	Registered Agents Inc.			-	21/15 21/15 2: 48	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		9 t	
	7901 4th St N				·	
	NEW Registered Office Address:			•		
	STE 300					
				-		
	St. Petersburg	33702				
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability could the limited the limited the limited to the limited the	tered office mpany, it is ted liability	e and the business offices s hereby confirmed that y company or as other	ce of the registered at the change(s)	
<u>R:1</u>		Rile	y Park			
_	ture of a member or authorized representative of a member			Printed or typed name of		
the obtainer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I dim writing of this change.  Bill Havre - Assistan	performa d for in C hereby co	nce of my hapter 605 nfirm that	duties, and I am famili	ar with and accept	
Signatu	re of Registered Agent	it Jediet	шу			