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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE REPAIR IT ALL + LLC

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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: REPA	IR IT ALL + L	LC ≁
2. (a)	Principal office address of limited liability company	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	r:	(Note: MAY BE POST OFFICE BOX)
	1818 LODGE ST.	1818 L	ODGE ST.
	LEHIGH ACRES, FL 33972	LEHIG	H ACRES, FL 33972
	08/14/20	L2000	00249001
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGI Registered Agent and Registered Office shown on the record		le.
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)	_
	476 RIVERSIDE AVE.		_
	JACKSONVILLE	. FL <u>32202</u>	2023
(b)	Registered Agents Inc		יים רק רק
(1)	Enter name of NEW Registered Agent and/or NEW Registered Agent	tered Office address:	10 P
	7901 4th St N		2023 AFR TO PM 12: 57
	NEW Registered Office Address:		Civ. 5
	STE 300		- 一 - 一
	St. Petersburg	. FL 33702	
the cha agent v was/wa	imited liability company is not organized under thange or changes are made, the Florida street addressible to identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the registered officed liability company, it ters of the limited liability	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Siens	iture of a member or authorized representative of a member	-	ROBIN JONES Printed or typed name of signee
1 here	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address	Lagree to act in this cap plete performance of my wided for in Chapter 60 ss, I hereby confirm that	pacity. I further agree to comply with the

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

David Roberts - Assistant Secretary

Signature of Registered Agent