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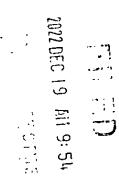
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A. BUTLER MAR = 4 2023

COVER LETTER

	egistration Section ivision of Corporations				
SUBJEC [*]	OLIVER HANDYMAN SERVIO	CES LLC			
SCHOLC	Name of Limited Liability Company				
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered (Office Change a	and fee(s) are submitted for filing.		
Please reti	urn all correspondence concerning	this matter to t	he following:		
Mark A. O	liver				
	Name of Person				
Oliver Han	dyman Servies LLC				
	Firm/Company				
12356 Woo	od Blossom Court				
	Address	-			
Jacksonvill	le, Fl. 32246				
	City/State and Zip Code	2			
uoflou99@	bellsouth.net				
E-ma	ail address: (to be used for future a	nnual report no	tification)		
For further	r information concerning this matt	er, please call:			
Mark A. O	liver	904 at (449-9998		
	Name of Person	(Area Code & Daytime Telephone Number		
<u>M</u>	ailing Address:		Street Address:		
	egistration Section		Registration Section		
	ivision of Corporations		Division of Corporations		
	O. Box 6327		The Centre of Tallahassee		
Ta	ıllahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
r-	anlaged is a shoot for the fall .				
	nclosed is a check for the following				
	\$25 Filing Fee	0	\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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: Oliver Handyr	man Services	LLC
2. (a)	12356 Wood Blossom Court Jacksonville, Fl. 32246	Œ	b) 12356 Wood Blossom Court Jackskonville, Fl. 32246
_ ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	December 12, 2022		L 20000396253
3.	Date of filing/registration in Florida	4.	Document number
5. (a	United States Corporation Agents. INC.		
J. (J.	Registered Agent and Registered Office shown on the records	s of the Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS	<u> </u>
	5575 S. Semoran Blvd. Suite 36		2022 DE C
	Orlando,	FL 32822	——————————————————————————————————————
(b)	Mark A. Oliver	•	
(0)	Enter name of NEW Registered Agent and/or NEW Registe	red Office ad	
	Mark A. Oliver		· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:		
	12356 Wood Blossom Court		<u>. </u>
	Jacksonville,	FL	
agent was/w the art	timited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the undergoed of a member of authorized representative of a member	the registere I liability cours of the limited li the limited li	ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
provis the ob- to mer notifie	by accept the appointment as registered agent and a lons of all statutes relative to the proper and comple ligations of my position as registered agent as provi- ely reflect a change in the registered office address, d in writing of this change,	agree to act ete performa ded for in C I hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000396253

Entity Name: OLIVER HANDYMAN SERVICES LLC

FILED Mar 03, 2022 Secretary of State 5634913233CC

Current Principal Place of Business:

12356 WOOD BLOSSOM CT. JACKSONVILLE, FL 32246

Current Mailing Address:

12356 WOOD BLOSSOM CT. JACKSONVILLE, FL 32246 US

FEI Number: 85-4219051

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 5575 S. SEMORAN BLVD. SUITE 36 ORLANDO, FL 32822 US

The above named er	ntity submits this statement for the purpo	se of changing	uts registered office or regis	stered agent, or both, in the State of Florida.
SIGNATURE:	Monda		Olm	De
	Electronic Signature of Registered	Agent		

DEC 12, 2022

Authorized Person(s) Detail:

Title

AMBR

Name

OLIVER, MARK A

Address

12356 WOOD BLOSSOM CT.

City-State-Zip: JACKSONVILLE FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and occurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited kiability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK ANTHONY OLIVER

OWNER

03/03/2022