L21000018068

(Req	questor's Name)		
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PICK-UP	WAIT	MAIL	
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(Document Number)			
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02/01/21--01028--007 **25.00



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Any Level Bemodeling Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Hamren Denny Name of Person					
Any Level Remodeling					
3724 Thornton Pl					
Sarasofa, FL 34239 City/State and Zip Code					
KDenny a Any level Remodeling a gmail. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person Kunsco					
Mailing Address: Registration Section Area Code & Daytime Telephone Number Street Address: Registration Section					
Registration Section Registration Section Division of Corporations Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee					
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount:					
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy					





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2021

KAMREN DENNY 3724 THORNTON PL. SARASOTA, FL 34239

SUBJECT: ANY LEVEL REMODELING LLC

Ref. Number: L21000018068

We have received your document for ANY LEVEL REMODELING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

What are you changing? If you are trying to amend the authorized person's detail, you will need to complete articles of amendment. Otherwise, please state the changes to the registered agent that you are trying to make.

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.

Rebekah White Regulatory Specialist II Supervisor

Letter Number:

Letter Number: 121A00005298

RECEIVED DIAPR-2 AM 9:20

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	me of the limited liability company: Any Level Re	modeling LLC
2.	(a) .	3724 Thornton Pl. (b) 372	4 Thomson Pl
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Sarasota FL 34239 Jaras	ota FL 34239
		Date of fills egistration in Florida 4.	Document number
5.	(a)	Krinsen Denny	
		Registered Agent and Registered Office shown on the records of the Florida Dept, of State	. ::
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
		[STORT DE LEGATION OF THE LEGA	
		Sarasota FI 34239	· ?:
		1/2 7	· ·
1	(b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:	. 1
		and/of MAN Registered Agent and/of MAN Registered Office auditess.	·. :
		3M24 Thornton PL.	· · · · · · · · · · · · · · · · · · ·
		NEW Registered Office Address:	.
		Sarasota . Ft. 34239	
lf tl	ie lii	nited liability company is not organized under the laws of the State of Flo	rida, it is hereby confirmed that after the
ena age	nge nt w	or changes are made, the Florida street address of the registered office and ill be identical. Or, in the case of a Florida limited liability company, it is	the business office of the registered hereby confirmed that the change(s)
the A	artic	e authorized by an affirmative vote of the members of the limited liability les of organization or the operating agreement of the limited liability com	company or as otherwise provided in pany.
		my luy hamper of a member or authorized representative of a member	n Denny Printed or typed name of signee
Ih	ereb	caccent the appointment as registered agent and agree to act in this care	aits. I further among to assess to a second
pro the to v	visio oblig ierei	ns of all statutes relative to the proper and complete performance of my distance of my position as registered agent as provided for in Chapter 605, y reflect a change in the registered office address. I hereby confirm that the ways of this change.	uties, and I am familiar with and accept F.S. Or, if this document is being filed
272	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in writing of this change.	ж атаса наонну сотрапу наѕ веен
		of Registered Agent	