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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

Enter the email address for this business entity to be used for future Sannual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE TERRY & SONS PRESSURE WASHING & HOME MAINTENANCE LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

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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

| 2. (a) | | (b) | | | |
|----------------------------|--|--|---|--|--|
| . (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | | - | | | |
| | 02/03/21 | | 21000059296 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | |
| i. (a) | LEGALINC CORPORATE SERVICES INC | | | | |
| (44) | Registered Agent and Registered Office shown on the records of | f the Florida De | rpt, of State | | |
| | Registered Office Address (MUST BE FLORIDA STREET | (ADDRESS) | | | |
| | 476 RIVERSIDE AVE. | | | | |
| | JACKSONVILLE . F | 1. 32202 | | | |
| (b) | Registered Agents Inc | | | | |
| (,, | Enter name of NEW Registered Agent and/or NEW Registere | d Office addre | <u>ss</u> : | | |
| | 7901 4th St N | | • • | | |
| | NEW Registered Office Address: | | ` | | |
| | STE 300 | | 2023 | | |
| | St. Petersburg | _L 33702 | 2 | | |
| he cha igent v vas/w | limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members icles of organization or the operating agreement of th | of the register liability comp of the limite | red office and the business office of the registere pany, it is hereby confirmed that the:change(s) d liability company or as otherwisefprovided in | | |
| | Robert of justify attree of a member of a member | | ROBIN JONES | | |
| Siena | sture of a member or authorized representative of a member | | Printed or typed name of signee | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent