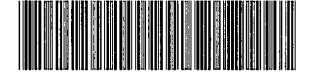
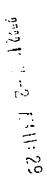


(Requestor's Name)					
(Address)					
	(,				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bı	siness Entity Nam	lar			
(50	isiness Entity Nam	ic <i>)</i>			
(Document Number)					
Certified Copies	Certificates	of Status			
		·			
Special Instructions to Filing Officer:					





25/02/03/-01/50--012/ **25.0w



COVER LETTER

Division of Corporations						
SUBJECT: HoneyDue Home Service	es					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi	ce Change and fec(s) are submitted for filing.					
Please return all correspondence concerning thi	s matter to the following:					
Laura Doner						
Name of Person						
HoneyDue Home Services	3					
Firm/Company						
P.O. Box 615						
Address						
Bonita Springs, FL 34133						
City/State and Zip Code						
laura.doner@icloud.com						
E-mail address: (to be used for future annu	ual report notification)					
For further information concerning this matter,	please call:					
Laura Doner	_{at (} 239 ₎ 631-9816					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

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	ame of the limited liability company: HoneyD	ue H	ome	e Services
2. (a)	1288 Venetian Way Naples FL 3411 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	0 (_{b)} <u>P.C</u>	D. Box 615 Bonita Springs, FL 34133 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
,	03/22/2021		 L21	1000131485
3.	Date of filing/registration in Florida	4.		Document number
5. (a)		6.1 (5) 1.1		
	Registered Agent and Registered Office shown on the records of	if the Florid	a Dept, o	of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1288 Venetian Way	T ADDRES.	<u>S</u>)	
	Naples	L 3411	 D	
		L <u> </u>		
(b)	Registered Agents Inc.			
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office ac	ldress:	7: 2
	7901 4th St N			10
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	3370;	2	
he cha agent v vas/we he arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the member of a member or authorized representative of a member	of the regi liability of of the lin	stered ompany nited lis	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
provisi he obl o merc	by accept the appointment as registered agent and agent on ons of all statutes relative to the proper and completed igations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	e perform led for in I hereby c	ance o Chapté onfirm	of my duties, and I am familiar with and accep er 605, F.SOr, if this document is being filed
ac 11	Bill Havre - Assista - Assista	nt Secre	tary	

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

Signature of Registered Agent