

h21 000 170 285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

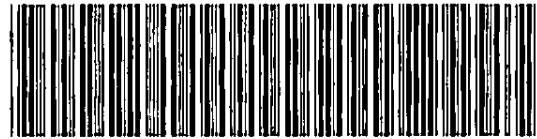
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE AUG -3 PM 12:18
Division of Corporations

July 26, 2021

MALINDA OLUPITAN
5485 ASHTON MANOR DR
SARASOTA, FL 34233

SUBJECT: LBK HANDYMAN LLC
Ref. Number: L21000170285

We have received your document for LBK HANDYMAN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 121A00017399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LBK Handyman LLC
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:

Malinda Olupitan
Name of Person

Koinon Integrity Bookkeeping
Firm/Company

5485 Ashton Manor Dr
Address

Sarasota, FL 34233
City/State and Zip Code

koinonin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Malinda Olupitan at (941) 284-3068
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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

**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. Name of the limited liability company: LBK Handy Man LLC
2. (a) 525 Putter Lane Longboat Key FL (b) 525 Putter Lane Longboat Key FL
Principal office address of limited liability company: 34228 Mailing address of limited liability company: 34228
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 4/13/2021 Date of filing/registration in Florida 4. L21000170285 Document number

5. (a) Legal Inc Corporate Services Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 Summerlin Commons
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 400
Fort Myers FL 33907

- (b) Koinon Integrity Bookkeeping
Enter name of NEW Registered Agent and/or NEW Registered Office address:

5485 Ashton Manor Dr
NEW Registered Office Address:

Sarasota FL 34233

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Nicholas Barnes, Owner
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.

Malinda Olupisan
Signature of Registered Agent

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TALLAHASSEE, FL