## L22000015181

(	Requestor's Name)	
(	Address)	
	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	MAIL MAIL	
(	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
J. HORNE JAN 1 2 2023		

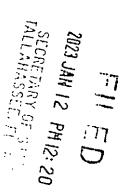
Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Supreme Handyman Name of Limite	Solutions LLC. ed 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:		
Lionel A. BENJAMIN Name of Person			
Supreme Handyman Solut Firm/Company	-ions, LLC		
16536 APROWhead Trl. Address			
Clermont H. 34711 City/State and Zip Code			
E-mail address: (to be used for future annual report r	notification)		
For further information concerning this matter, please call:			
Lionel A. BENJamin at (321) 663-5080  Name of Person Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations 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		

## 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: <u>Suffeme Handy man</u>	N SOLUTIONS, LLC
		36 ARROWhead Trl.
2. (a)		failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Clermont, 71. 34711 Cler	mont, 71. 34711
3.		0000 15181 Document number
٥.		Document number
5. (a)	Zew Business INC  Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
		•
	336 E. College Ave, ste. 301  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	20 S TAI
	· · · · · · · · · · · · · · · · · · ·	ZO23 JAN SECRETA ALLAHA
	Tallahassee .FL 32301	TII ETARY HASSE
(b)	Lionel A. BENSAMIN	PM 12: 22
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
	16536 ARROWHEAD TIL.	
	NEW Registered Office Address:	
	Clermont FL 34711	
It the I	limited liability company is not organized under the laws of the State of Flo	rida it is hereby confirmed that after the
change agent v was/we	or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Printed or typed name of signee
Signa	Treat Aber arms L'ONE  ture of a member or authorized representative of a member	Printed or typed name of signee
provisi the obl to mer notified	by accept the appointment as registered agent and agree to act in this capa ions of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address, I hereby confirm that ud in writing of this change.	ecity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatu	ire of Registered Agent	