## Florida Department of State Piviston of Compositions

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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## LLC REGISTERED AGENT CHANGE FULL SERVICE HOUSEKEEPING & MANAGEMENT, LLC

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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 Florida.

L Na	nme of the limited liability company: Full	Service I	House	keepin	g & Management LLC
2. (a)	Principal office address of limited liability of the Contest MUST BE STREET ADDRE	ompany:	_ (b)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	01/31/2022		-	2200	0050938
<b>3</b> .	Date of filing/registration in Flori		4.		Document number
	INC AUTHORITY RA	•••			Document minut
5. (a)	Registered Agent and Registered Office shown on the	ne records of the	: Florida l	Dept. of State	- e:
	Registered Office Address (MUST BE FLORID	A STREET AL	DRESS)		-
	390 NORTH ORANGE AVE., STE	2300-N			
	ORLANDO	ы 3	2801		-
1407	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW	V Registered O	ffice addi	<u>'ess</u> :	
	7901 4th St N				2022 DEC
	NEW Registered Office Address:				F11.
	STE 300				LEO LEO
	St. Petersburg	, FL_3	3702		# 2: 5
he cha gent v vas/we	imited liability company is not organized uringe or changes are made, the Florida street will be identical. Or, in the case of a Florida reauthorized by an affirmative vote of the cles of organization or the operating agreen	address of the limited liab members of t	ie regist ility con the limit	ered office apany, it is ed liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
<u></u>	Lux Tark		Rile	y Park	
	ture of a member or authorized representative of a me			n dda a	Printed or typed name of signed
rovisi he obl o mere	by accept the appointment as registered age ons of all statutes relative to the proper and igations of my position as registered agent ally reflect a change in the registered office of I in writing of this change.	l compleïe pe as provided [	erformai for in Cl	ice of my a apter 605	duties, and I am familiar with and accept , F.S. Or, if this document is being filed
u N	Bill Havre -	Assistant S	Secreta	ary	

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

Signature of Registered Agent