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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
D DICK LID D MAIT D MAII						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Cartified Capies Cartificates of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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## **COVER LETTER**

DIY HUMESFLIP MATEUS LLC

Registration Section
Division of Corporations

TO:

SUBJECT: DIY HOME TO THE	PIATEUS LLC						
Name of Lim	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter t	o die following.						
Edward Mateus  Name of Person							
Name of Person	<del></del>						
DIM Homes Flip Mateus Firm/Company	, LLC						
1005 Lochmont Dr Address							
Crandon FL 33511 City/State and Zip Code							
mateus edward 77 e gma.  E-mail address: (to be used for future annual repor	t notification)						
For further information concerning this matter, please ca	all:						
Edward Meteus at (	813 , 629 - 5894						
Name of Person	Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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						
INHS18 (2/14)							

## 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. Nai	ne of the limited liability company:	11	Home.	s Flip	Matins	LLC	
	1005 Lochmont Dr						
2. (a) _	Principal office address of limited liability (Note: MUST BE STREET ADDRE		(b)		Mailing address of limited (Note: MAY BE POST		
	Brandon, FL 33511		<del></del>	•			
	2/10/2022			L2	2000058	166	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Flor Edward Mateus	ida	4.		Document number		
J. (4)	Registered Agent and Registered Office shown on	the records	of the Florida	Dept. of Su	nte:		
	Registered Office Address (MUST BE FLORI	<u>DA STREE</u>	T ADDRESS)		_		
	1005 Lochmont Dr	4			긆	N2	
	Brandon 1	,	FL 33	211		2022 JUN 17	T
					AS		
(b)	Enter name of NEW Registered Agent and/or NE	W Register	red Office add	ress:	— — — — — — — — — — — — — — — — — — —	`	f
	1005 Lochmon				AHASSEE, FLOR	AM 10: 48	
	NEW Registered Office Address:				- 另	<u>~</u>	
	Brandon		FL 33:	511	_		
change agent v was/we	imited liability company is not organized or changes are made, the Florida street activity be identical. Or, in the case of a Floriere authorized by an affirmative vote of the operating agreement.	ddress of t da limited e member	he registere liability cons s of the lim he limited li	d office a npany, it ted liabil ability co	and the business office is hereby confirmed the lity company or as other	of the reg hat the cha erwise pro	ustered ange(s)
Signa	ture of a member or authorized representative of a	member			Printed or typed name of	of signee	
provisi the obt to mer	by accept the appointment as registered a jons of all statutes relative to the proper a igations of my position as registered age left reflect a change in the registered officity of this change.	gent and a nd comple it as provi e address,	igree to act de performa ded for in C I hereby co	in this ca nce of m hapter 60 nfirm tha	pacity. I further agree y duties, and I am fam. 05. F.S. Or. if this doc at the limited liability c	e to complifiar with cument is leading to the company h	ly with the and accept being filed as been
	re of Registered Agent						