

4/8/22, 6:56 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L2200001280275672**

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
A PLUS HANDYMAN SVCS. LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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2022 APR - 8 PM 2:59  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A PLUS HANDYMAN SVCS. 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 10th Floor

Address

Glendale, CA 91203

City/State and Zip Code

APlusHandymanSvc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

at (

800

773-0888 ext 9724

)  
Area Code & Daytime Telephone Number

Name of Person

**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. Name of the limited liability company: A PLUS HANDYMAN SVCS. LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

4605 MILEY RD  
PLANT CITY, FL 33565

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

4605 MILEY RD  
PLANT CITY, FL 33565

3. 02/15/2022 Date of filing/registration in Florida

4. L22000075672 Document number

5. (a) WISON, KIMBERLY M  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4605 MILEY RD  
PLANT CITY, FL 33565

(b) Kimberly M Wilson  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

FL

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.

Kimberly M. Wilson  
Signature of a member or authorized representative of a member

Kimberly M Wilson  
Printed or typed name of signer

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.

Kimberly M. Wilson  
Signature of Registered Agent

Kimberly M Wilson

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CLERK OF THE CIRCUIT COURT  
IN THE COUNTY OF HILLSBORO, FLORIDA