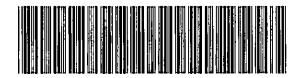
## L22 000 106013

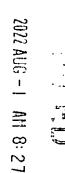
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations	. 4			
SUBJECT: SPADA HANDYMAN SERVI	CES, LLC (L220001060) ability Company	13)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the fo	ollowing:			
MARK C. SPADA  Name of Person	_			
SPADA HANDY MAN SERVICES, LLC Firm/Company	_			
134 RIVER BEACH DRIVE	_			
ORMOND BEACH, FL 32176  City/State and Zip Code	_		2022 AU	· • • • • • • • • • • • • • • • • • • •
Mspada 23456 Smail.com E-mail address: (to be used for future annual report notific	eation)	*: 502_ 101	2022 AUG - 1 AH 8: 2	
For further information concerning this matter, please call:		741 741	三 8	
MARIC C. SPADA at 1 540 Name of Person	) 217 - 1283 Area Code & Daytime Telephone Number	<del>=</del> :	: 27	
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:				
S25 Filing Fee □ S5:	5 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. Na	une of the limited liability company: _SPAON HA	S LAMYON	ERVICES, LLC		_
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) <u>134</u>		liability company:	<u>3</u> 217
3. 5. (a)	Date of filing/registration in Florida  MARK C. SPADA - President Registered Agent and Registered Office shown on the records of the F	4. + 509	<del></del>		_
(b)	Registered Office Address (MUST BE FLORIDA STREET ADD 134 RIVER BEACH DRIVE ORMUND BEACH .FLFL	32176 esident	- - _50%	2022 AUG - 1 AM 8: 2	3.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1
	NEW Registered Office Address:		_	<b>27</b>	
	, FL		_		
change agent v was/we the arti Signa I herei provisi the obl to mery notified	imited liability company is not organized under the laws of or changes are made, the Florida street address of the regivill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limitative of a member of uthorized representative of a member of the appointment as registered agent and agree to this of all statutes relative to the proper and complete performance of the proper and complete performance of the change in the registered office address, I here it in veriting of this change.	istered office an ity company, it is it is limited liability con the limited liability con the limited liability con act in this cap.	nd the business office of shereby confirmed that ty company or as other mpany.  Mul C. SPA  Printed or typed name of active. I further agree	of the registered at the change(s) rwise provided in A signee	<u> </u>

Division of Corporations• P.O. Box 6327• Tallahassee, Fl. 32314 FILING FEE: \$25,00