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(Requestor's Name)					
(Address)					
(Ad	dress)				
- (Cit	y/State/Zip/Phone	; #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
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COVER LETTER

COVERBETTER	
TO: Registration Section Division of Corporations	
SUBJECT: DOSEPH Home Services & Repair LL Name of Limited Liability Company	<u>C</u>
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:	
Hinpmipht Joseph Name of Person Joseph Home Services & RepAirs LLC Firm/Company	
Firm/Company	
209 NW Soth Ave Address	2022 AFR
MArpate & 133063 R City/State and Zip Code	PS 60 1
CCZArd. LTO pmoil. Com E-mail address: (to be used for future annual report notification)	ني ما ني فا ني
For further information concerning this matter, please call:	
Hint Mith Joseph at (646) 469-4735- Wame of Person Area Code & Daytime Telephone	Number

Enclosed is a check for the following amount:

⅓ \$25 Filing Fee

Mailing Address:
Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

□ \$55 Filing Fee & Certified Copy

Street Address:

Registration Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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.

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	\cc \Q\	1/ 22.	<i>C</i>	10 00 1.
	^	_	Services A	7
2. (a)	209 NW SOTA AVE Principal office address of limited liability company:	(b)_ <u>/O</u>	9 NW 804	
	(<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited (Note: MAY BE POST	• • •
	MACPAK A 33063	MA	CPAte G.J.	3067
	0	7 (y ,	
		1 0	_	
	Date of filing/registration in Florida	12	20001197	758
3.	N	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the	E1 11 B		
		•	tate:	
	2140 N 29th Ave Aft 1 Registered Office Address (MUST BE FLORIDA STREET A)		<u> </u>	
	Registered Since Address (MOST DE FEMALES AND ASSESSMENT ASSESSMEN	277(L3).7		
		D O 4		
	10117W000 FL	22090		201
(h)	Hinpmipht Joseph			
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	- :	APR 2
	7-00			ing on
	NEW Registered Office Address:			
	NEW Registered Office Address.			<u>.</u>
				: : 0
	MAroste	77017		·
		مراه ر د		
change	mited liability company is not organized under the laws or changes are made, the Florida street address of the re	egistered office a	and the business office of	f the registered
agent w	vill be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of	ility company, it	is hereby confirmed that	t the change(s)
the arti	cles of organization or the operating agreement of the li	mited liability co	ompany.	•
LSignal	urcyof a member or authorized representative of a member	Hing	Princed or typed name of s	eph
1 herek	y	to act in this ca	macine I further agree t	a cample with the
provision the obli	ons of all statilies relative to the proper and complete po- igations of my position as registered agent as provided j by reflect a change in the registered office address. I he	erformance of my for in Chapter 60	y duties, and I am familie 05, F.S. Or, if this docur	ar with and accept nent is being filed
to mere noțifiec	lv reflect a change in the registered office address, I he Fin writing of this change.	reby confirm tha	t the limited liability con	npany has béen
Hir	remiert docor			