Florida Department of State Division of Corporation

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email	Address:			
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LLC REGISTERED AGENT CHANGE PENINSULA HOME SOLUTIONS SERVICES LLC'

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STATEMENT OF CHANGE OF REGISTERED OFFICE OB 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. Ni	ime of the limited liability company: PENINSUL	А НОМ	E SOLU	JTIONS SER'	VICES	S LLC"	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		-	ng address of limited liability company: ote: MAY BE POST OFFICE BOX)		
	07/08/2022		.2200	0305924			
3.	Date of filing/registration in Florida	4.		Document number	r .		
5. (a)	COOKE, COURTNEY A Registered Agent and Registered Office shown on the records of	the Florida I	Dent of State				
	8260 NW 16 ST	CIC T NATOR E	reja. or made	•			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)					
	PEMBROKE PINES FI	33024			-	2022	
. 1	Registered Agents Inc.					2022 JUL	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ress:		-	. 25	
	7901 4th St N					PM 12:	
	NEW Registered Office Address:			•	-,		
	STE 300		,				
	St. Petersburg, FI.	33702					
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the ease of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	the regist ability con of the limit limited lia	ered office npany, it is ed liabilit	and the business of shereby confirmed y company or as of	office of that the	the regise change(stered s)
Signa	ture of a member or authorized representative of a member			Printed or typed name	e of signe	· · · · · · · · · · · · · · · · · · ·	
provisi the obl to mer	by accept the appointment as registered agent and agains of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. Bill Havre - Assistar	performa ed for in Ci hereby coi	nce of my (hapter 605 ifirm that	duties, and Lam fai , F.SOr, if this do	miliar w ocumeni	ath and a Lis being	iccept filed

Signature of Registered Agent