## L23000172457

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE APR 27 2024

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04/15/24--01030--022 \*\*25.00



## COVER LETTER

TO: Registration Section Division of Corporations			
Brighten Up Property Services SUBJECT:			
	ame of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning t	this matter to the following:		
Hillary Carpenter, EA			
Name of Person			
Hillary Carpenter EA LLC			
Firm/Company			
220 Pine Ave N			
Address			
Oldsmar FL 34677			
City/State and Zip Code			
hillary@taxartist.com			
E-mail address: (to be used for future a	nnual report notification)		
For further information concerning this matte	er, please call:		
Hillary Carpenter	727 787-5290 at ( )		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following	ng 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. Na	ame of the limited liability company:  Brighten Up Prop	erty Ser	vices LLC	<del></del>
2 (a)			(h)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(C)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12 Willow Run		12 Willow	v Run
	Ocala FL 34472	_	Ocala FL	34472
	04/06/2023		1.23000172	457
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
). (a)	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENTS, INC	the Flori	da Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET 476 RIVERSIDE AVE.	<u>ADDRE</u> .	<u>SS)</u>	_
	JACKSONVILLE , FI	32202		DOLLER 15 AND. 41
				- 2 -
(b)	Enter name of NEW Registered Agent and/or NEW Registered		ddress:	- 5 6
	Hillary Carpenter EA LLC			200
	NEW Registered Office Address:			
	220 Pine Ave N			_
	Oldsmar , FI	34677	_	
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of the organization or the operating agreement of the	registe ability of of the li limited	red office ar company, it i mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Sylina	time of a member or authorized representative of a member	_		Printed or typed name of signee
provis the ob- to mer notifie	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide of vessect a change in the registered office address, I if in writing of this change.	perfori d for in	nance of my Chapter 60.	duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed
Signatu	recor Registered Agent			
,	Division of Corporations • P.O.	Box 63	27∙ Tallaha	issee, FL 32314

FILING FEE: \$25.00