## Florida Department of State

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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 : (813)436-5206

\*\*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 NICOY HANDYMAN SERVICES LLC

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## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: NICOY HANDYM	AN SERVICES LL	С
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	04/07/2023  Date of filing/registration in Florida	<u>L23000</u> · 4.	173093 Document number
5. (a)	WOLLISTON, NICOY Registered Agent and Registered Office shown on the records of t		
	11136 STONE CREEK STREET Registered Office Address (MUST BE FLORIDA STREET A		
	WELLINGTON , FL	33449	
(b)	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	2024 APR 24	
	NEW Registered Office Address: STE 300	— PH 6: 25	
	St. Petersburg, FL	33702	<u></u>
the ch agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered of ability company. If the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
/_/ Sign	ature of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee
I here provis the ob to men notifig	by accept the appointment as registered agent and agri- sions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ce to act in this performance of I for in Chapter tereby confirm t	canacity. I further agree to comply with the
Signati	Taylor Newman - Assistant Seurc of Registered Agent	ecretary	