Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000159836 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Addre	88	:
-------------	----	---

LLC REGISTERED AGENT CHANGE AK QUALITY HOME RENOVATIONS LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
Estimated Charge	\$25.00		

Electronic Filing Menu Corporate Filing Menu

Help

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.

(a)	227 GLOWING PEACE LANE		(b) 227 GLOWING PEACE LANE			
\- <i>,</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		`	Mailing address of limited (Note: MAY BE POST		
	ORLANDO, FL 32824		ORLAND	O, FL 32824		
	05/02/2024		L230001901	103		
	Date of filing/registration in Florida	4.		Document number		
(a)	LEGALINC CORPORATE SERVICES INC.					
(-/	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	the Flor	ida Dept. of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>.227</u>	-		
	JACKSONVILLE , FI	32202		-	<u>~</u>	
(b)	Corporate Creations Network Inc.				2024 HAY	
` ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				7 - 2	
	801 US Highway !			_	PH : I	
	NEW Registered Office Address:			_	3: 26	
	North Palm Beach, Fl	33408		_		
ange ent v is/we	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 light authorized by an affirmative vote of the members icles of organization or the operating agreement of the	registe ability of the l limite	ered office and company, it is imited liability d liability com	d the business office of the business of the b	of the registered at the change(s)	

to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agony