L23000202319

| (Requestor's Name) | | | | | |
|---|-----------------------|---------------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/S | tate/Zip/Phone #) | ··· ···· | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of | Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | J. HORNE APR 27 20 | 24 | | | |
| | | | | | |





600427723546

04/16/24--01017--081 **25.00



COVER LETTER

| TO: | | stration Section sion of Corporations | | · |
|---------|---------------------|---|---------------------|--|
| SUBJE | ECT: | Home Town Plumbing & Drain Ser | vice, LLC | |
| | | Nar | ne of Limited Lia | bility Company |
| Dear S | ir or N | Aadam: | | |
| The en | closec | Registered Agent/Registered Off | ice Change and fe | œ(s) are submitted for filing. |
| Please | return | all correspondence concerning th | is matter to the fo | llowing: |
| Donna | Brand | on | | |
| | | Name of Person | | _ |
| Home 1 | Town 1 | Plumbing & Drain Service, LLC | | |
| | | Firm/Company | | _ |
| 3214 F | orklan | d Rd, SE | | |
| | | Address | | _ |
| Palm B | Bay, FI, | , 32909 | | |
| | | City/State and Zip Code | | _ |
| office@ | B home | townplumbinganddrainservice.com | | |
| Е | E-mail | address: (to be used for future and | nual report notific | ation) |
| For fur | ther is | nformation concerning this matter. | please call: | |
| Joesph | Brand | on | 828 at (| 777-2060 |
| | | Name of Person | | Area Code & Daytime Telephone Number |
| | Reg Divi P.O. | ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Encl | losed is a check for the following | amount: | |
| | W \$2 | 25 Filing Fee | □ \$55 | Filing Fee & Certified Copy |

INHS18 (2/14)

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: Home Town Plur | mbing & | Drain Servic | re, LLC |
|--|--|---|--|--|
| 2. (a) | | | b) | |
| , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ` | , | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 3214 Forkland Rd. SE | | 3214 For | kland Rd. SE |
| | Palm Bay, F1. 32909 | _ _ | Palm Bay | v. FL 32909 |
| | 04/24/2023 | | L23000202 | 2319 |
| 3. | Date of filing/registration in Florida | — 4. | - | Document number |
| 5. (a) | UNITED STATES CORPORATION AGENTS, INC. | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE. | ite: | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | <u>S)</u> | - |
| | Jacksonville, FI | 32202 L | | 207 |
| (b) | Registered Agents. Inc. | | | 14 AP8 |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| | 7901 4th St N STE 300 | | | E D |
| | NEW Registered Office Address: | | | PILED 2024 APR 16 PH 12: 40 ESTATE ESTATE |
| | St Petersburg, FI | L_33702 | | _ |
| change agent v was/w the arti | 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 of icles of organization or the operating agreement of the shallow o | e register ability co of the lin limited | ed office ar ompany, it nited liabili | nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. |
| | ture of a member or authorized representative of a member | | | Printed or typed name of signee |
| provis: the obi to mer | by accept the appointment as registered agent and agi ions 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. | ree to ac perform d for in hereby c | t in this cap ance of my Chapter 60 onfirm that | pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| <u>G:</u> | re of Registered Agent | | | |