

Florida Department of State

Division of Corporations

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Division of Corporations
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Account Name : REGISTERED AGENTS INC.
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LLC REGISTERED AGENT CHANGE C & M HOME PROTECTION LLC

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

M. SOLOMON
APR 16 2024

**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. Name of the limited liability company: C & M HOME PROTECTION 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)

05/31/2023

L23000264145

3. Date of filing/registration in Florida 4. Document number

5. (a) CRAIG, MARILYN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1141 KENDALL TOWN BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

UNIT 7309

JACKSONVILLE 32225, FL

(b) REGISTERED AGENTS INC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4TH ST N

NEW Registered Office Address

STE 300

ST. PETERSBURG 33702, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robin Jones

Robin Jones

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

David Roberts

David Roberts

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**