

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.

(((H23000226728 3)))



H230002267283.4BC%

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 : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*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 ALL-TERIORS HOME SERVICES LLC

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

Electronic Filing Menu Corporate Filing Menu

Help. LEMIEUX

JUN 2 7 2023

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTHFOR 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	ome of the limited liability company: ALL-TERIORS	S HOM	E SERVI	CES LLC	
2.	(a)	Principal office address of limited liability company:  (Note: MUST HE STREET ADDRESS)	(t 		Mailing address of limited I (Note: MAY BE POST (	iability company:
3.		06/19/2023  Date of filing/registration in Florida	  4.	L230002	94027 Document number	
		Ŭ <b>Ŭ</b>	**		Coccurrent manning	
5.	(a)	JOHNSON, KIARA M Registered Agent and Registered Office shown on the records of t			:	f>3
		1728 BROXEY CT NE		·		2073
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•	1
				_		25
		WINTER HAVEN , FL.	33881			PH 4:
	(b)	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		<del>:</del> 9
	7901 4th St N  NEW Registered Office Address:					
		STE 300	<del></del>			
		St. Petersburg , FL	33702			
the age wa	e cha ent v is/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regisobility co f the lim	stered office ompany, it is ited liability	and the business office thereby confirmed that company or as others	ce of the registered it the change(s)
	V	ut Smith	<del></del>		Nat Smith	10 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	•	ure of a member or authorized representative of a member			Printed or typed name of s	-
I h pro the to no	ierel ovisi obl mera tifiea	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided By reflect a change in the registered office address, I h I in writing of this change.	ee to act perform I for in C tereby co	in this cape ance of my c Chapter 605 onfirm that t	ncity. I further agree t luties, and I am famili , F.S. Or, if this docu he limited liability con	o comply with the ar with and accept ment is being filed mpany has been

Taylor Newman - Assistant Secretary

Signature of Registered Agent