Division of Corporations

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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  $\frac{\omega}{2\pi}$  annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE H.O.M.E. PM LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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M. SOLOMON NOV 1 4 2024

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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 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: H.O.M.E. PM LLC	<u> </u>			
2. (a)	7901 4th St N STE 300		7901 4th St N STE 300		
<b>.</b> ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limited fiability company:  (Note: MAY BE POST OFFICE BOX)	
	St. Petersburg, FL 33702	_	St. Peterst	ourg, FL 33702	
	10/16/2023	_	L230004744	400	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS, INC.				
J. (11)	Registered Agent and Registered Office shown on the records of th	ne Florie	la Dept, of State	2024 NOV	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>'S)</u>	- 6		
	476 RIVERSIDE AVE.			ω ,	
	JACKSONVILLE , FL	32202		R PR	
(b)	REGISTERED AGENTS INC  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	ddress:	THE STATE OF THE S	
	7901 4TH ST N				
	NEW Registered Office Address:		· <u> </u>		
	STE 300				
	ST. PETERSBURG , FL	33702			
change agent v was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the nivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere of a member or authorized representative of a member	egister oility c the lin mited	ed office and ompany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Signal	ture of a member or authorized representative of a member		<del></del>	Printed or typed name of signee	
provisi the obl to mere n <u>oti</u> fied	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p- igations of my position as registered agent as provided p ely reflect a change in the registered office address, I he I in writing of this change.	e to ac erforn for in reby c	t in this capa vance of my d Chapter 605, confirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed at limited liability company has been	
ો જે	nd Calorits David Roberts				
Signatu	re of Registered Agent				