

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2400020458

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To:
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

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2024 JUL 30 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

*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
SOUTHERN TOUCH HANDYMAN SERVICES LLC

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

M. SOLOMON
JUL 30 2024

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: SOUTHERN TOUCH HANDYMAN SERVICES LLC

2. The principal office address: _____

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/09/2024 Document number: L24000020458

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NORTHWEST REGISTERED AGENT LLC

7901 4TH ST N STE 300

ST PETERSBURG, FL 33702

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

ALTON SMITH

656 N PARKWAY ST

P.O. Box NOT acceptable

DELAND, FL 32720

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Alton Smith
Signature of an officer or director

Alton Smith Owner
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Alton Smith
Signature of Registered Agent

7.26.24
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2F645 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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