

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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FILED

## 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.

submus	the following statement in order to change its registered office or register	ea agem, or nom, in me su	ne og v norman. V
1. Na	me of the limited liability company: Your Nandy M	an on W	neels
2. (a)	12398 NE 45th Ter Althury 12396	S NE 45th TO	or Anth
2. (a)	Principal office address of limited liability company: 521617	dailing address of limited liability	
	( <u>Note: MUST BE STREET ADDRESS</u> )	(Note: MAY BE POST OFFIC	<u>CE BOX</u> )
	April 18th 2024 L24	10001942	13
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	Victoria Potter		
,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	22107	
	12398 NE 45th Ter Anthony	F1 32617	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	, FI		2021
			- E "11
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	- ·	F   F   L
		£o <sup>™</sup>	أستأسأ
	Christipher Poter	700 cm = 200	35 <u>,</u>
	NEW Registered Office Address:		ب جو 58
	12398 NE 93 171		20
	Anthony FL F1	32617	
change agent y was/we the arti	imited liability company is not organized under the laws of the State of Floor changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability com	the business office of the hereby confirmed that the company-or-as otherwise	change(s) provided in
- '	thre of a member or authorized representative of a member		
provisi the obl to merc notified	by accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my a igations of my position as registered agent as provided for in Chapter 605, by reflect a change in the registered office address, I hereby confirm that the fin writing of this change.		
Signatu	re of Registered Agent		
	Division of Corporations P.O. Box 6327 Tallahas	ssee, FL 32314	

FILING FEE: \$25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Lia	Man on Whest
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ce(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Victoria Pater Name of Person	
Your Handy Man C	en wheels Ilc
123018 NE 45th Ter	_
Anthony Fl 32617 City/State and Zip Code	_
Your Manay Man on the east of E-mail address: (to be used for future annual report notific	Amail can
For further information concerning this matter, please call:	
Victoria Peter at (352	301- 0473  Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\ /	5 Filing Fee & Certified Copy

INHS18 (2/14)