L24000201307

(Requestor's Name)		
(Address)		
(1.441033)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		





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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HRP Handiman LL Name of Lin	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Roberto C Palacios Gu Name of Person	1-1:01xeZ	
HRP Handiman LLC Firm/Company		
40 N 1st C+ Address		
Winter Springs, FL 3270? City/State and Zip Code	?	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Roberto C Palacios Gutierrezat (916) 792-4783 Name of Person 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:		
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)



September 4, 2024

ROBERT C. PALACIOS GUTIERREZ 40 N FIRST COURT WINTER SPRING, FL 32708

SUBJECT: HRP HANDYMAN LLC Ref. Number: L24000201307

We have received your document for HRP HANDYMAN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was sent. I have enclosed Limited Liabilty Company Statement of Change of Registered Agent/Office Form. Please verify the spelling of the City.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

> received 11/25/24

Letter Number: 824A00019783

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	lame of the limited liability company: HRP Handyma	n LLC
2 (.)	40 N Ist Ct Winter Springs, FL 32708 (b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4.	24000 20 30 7 Document number
		Document namoer
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept	of State.
	40 N 1 St C+ Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	POZ4 NOV 25 ATTALLAHASSEE
(b)	Winter Springs ,FL 32708 Roberto C Palacios Gutierrez Enter name of NEW Registered Agent and/or NEW Registered Office address	A 8: 37
	40 N Z S+ C+ NEW Registered Office Address:	
	Winter Springs , FL 32+0	8
change agent was/we the arti	limited liability company is not organized under the laws of the State or changes are made, the Florida street address of the registered off will be identical. Or, in the case of a Florida limited liability companyere authorized by an affirmative vote of the members of the limited ticles of organization or the operating agreement of the limited liability ature of a member or authorized representative of a member are provided to the proper and complete performance of all statutes relative to the proper and complete performance of the proper and complete perfo	fice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. THO Palacos Guiles (2) Printed or typed name of signce
Signatu	ure of Registered Agent	