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2024 SEP 13 PH 4: 18

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INHS18 (2/14)

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	me of the limited liability company: MAGNIFI	CENIT	HOMI	E R	ESTORATION, LLC
2 (a)	1513 DIEGO STEET	(b)	13	513	DITGO STREET
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	FORT MUTERS, FL 33916		F	ORT	MyERS, FL 33916
					
	05.10.2024		L24	000	219623
3.	Date of filing/registration in Florida	4.		Docum	ent number
5. (a)	ANDREA N BARBER Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State	- e:	
	1513 DIEGO GTREET		-		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
	<u>- </u>				287
	FORT MUTERS , FL	33	916	-	FILED PH 4: 18 PALLAHASSEE. FLORIDA
<i>(</i> 1.)					SSE W
(b)					E P
	9160 FORUM CORPORATE	PARKI	NAY	_	0 8
	NEW Registered Office Address:		•	_	
	SUITE 350, #7359			_	
	FORT MYERS .FL	339	905		
		C.1 6		-	The first table of Grands
change agent v was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	registered bility con the limit	l office and npany, it is ted liability	d the bu s hereby y compa	isiness office of the registered confirmed that the change(s)
	(AUDEO		AND	REA	BARBER
Signa	ure of a member or authorized representative of a member			Printed	or typed name of signee
provisi the obl to merc	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 ely reflect a change in the registered office address, I ha I'in writing of this change.	ee to act i performan for in Cl ereby con	n this capa ice of my a iapter 605, ifirm that t	acity. 1 luties, c . F.S. (the limi	further agree to comply with the und I am familiar with and accept Or, if this document is being filed ted liability company has been
Signatu	re of Registered Agent				