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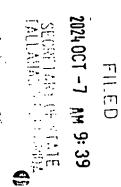
	Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(=	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
				
Special Instructions to Filing Officer.				

Office Use Only



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10/07/24--01018--004 **35.00



COVER LETTER

TO: Amendment Section Division of Corporation	s ·			
SUBJECT: Home Pour Name of Corporation DOCUMENT NUMBER: L	talization Group, UC			
	age of Registered Office/Agent and fee are submitted for filing.			
	concerning this matter to the following:			
ECIL HAZEO Name of Contact Person				
Home Revitalisation				
11232 Boyette Rd Address	# 21 UU #			
11232 Boyette Rd Address Riverview, FL 33 City/State and Zip Code	<u>55.9</u>			
	or future annual report notification)			
For further information concern	ing this matter, please call:			
Eric HGZCO Name of Contact	at (813) 394-7194 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Secti Division of Corp. P.O. Box 6327				

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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.

I. Na	me of the limited liability company: Home Re	vitaliza	etion Group, UC
2. (a)	1100	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
ć	Riverview Fl. 37569		
3.	Date of filing/registration in Florida 4		DOO 391453 Document number
5. (a)	Eric Hazen Registered Agent and Registered Office shown on the records of the F 11232 Boye He Rd. Fl. 2100		– e: -
	Registered Office Address (MUST BE FLORIDA STREET ADD	<u>KESS)</u>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Offic NEW Registered Office Address:	ce address:	FILED 2024 OCT -7 AM SECRETABLE OF ALLAHACISE
	Brandon, FL3	3511	9: 39
change agent w was/we:	or changes are made, the Florida street address of the regingial be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limit	stered office and y company, it is limited liability	d the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in
	Signature of an officer or director hereby accept the appointment as registered agent and	aaree to act in	HAZCO COOPEC
i oj de	further agree to comply with the provisions of all statut f my duties, and I am familiar with and accept the oblig ocument is being filed merely to reflect a change in the orporation has been notified in writing of this change.	es relative to the action of my post registered offic	ins capacity. The proper and complete performance sition as registered agent. Or, if this see address, I hereby confirm that the
Ì	Signature of Registered Agent	10/4/3	Date

FILING FEE: \$25.00