MI0000005533

| (Requestor's Name) | | |
|---|--------------------|-----------|
| (Address) | | |
| (Address) | | |
| (Cit | ry/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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| | | |

Office Use Only



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SECRETARY OF STATE ALLAHASSEE. FLORIDA

71 L L D

J. SAULSBERRY EXAMINER JUN 13 2012

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|---|----------------------|--|
| SUBJECT: Affordable Renove | Atons, LLC mited Liability Company | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Off | fice Change and fee(s) are submitted for filing | ıg. | |
| Please return all correspondence concerning th | nis matter to the following: | | |
| Nancy Horanzy Name of Person Affordable Renovations, I Firm/Company 9 School Street Suite 5 Address Email address: (to be used for future annual report noting for further information concerning this matter | on ification) | 2012 JUN 12 AM 9: 42 | |
| Nancy Hoganzy | at (<u>860</u>) <u>413-9917</u> Area Code & Daytime Telephone Number | <u></u> | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enclosed is a check for the following | amount: | | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Affordate | le Renovations, LLC |
|--|--|
| 2. (a) Principal office address of limited liability company | v: 9 School Street |
| (Note: MUST BE STREET ADDRESS) | Suite 5 East Granby, CT 06026 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | |
| December 14, 2010 3. Date of filing/registration in Florida | <u>m10000005533</u> 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | Nicolas Paredes |
| Registered Office Address: | 2193 46th St SW Nogles, FL 34116 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | |
| NEW Registered Agent: | Sherri Elmore |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 8075 Tiger Care D: 10,#1705 Nagres FL 34113 |
| If the limited liability company is not organized under the I confirmed that after the change or changes are made, the FI and the business office of the registered agent will be identifiability company. It is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Printed or typed hame of signee. I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the product of and I am familiar with and accept the obligations of my possible chapter 608, F.S. Or, if this document is being filed to mer address. Thereby confirm that the limited liability company | aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization. |
| Signature of Registered Agent | THASSE |
| Division of Corporations, P.O. Box 632 FILING FEE: \$2 | |
| INHS18 (05/08) | ZZ - M |