

M12 000003265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

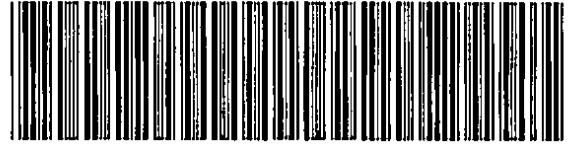
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/22--01013--021 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAY -3 AM 8:26

T. MATTHEWS

JUN 24 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMEASAP LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN R. MARSHALL

Name of Person

HOMEASAP LLC

Firm/Company

PO BOX 953

Address

PONTE VEDRA BEACH, FL 32004

City/State and Zip Code

JMARSHALL@HOMEASAP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MARSHALL

Name of Person

at (904) 549-7619

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 \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

SECTION I (1-4 must be completed) **22 MAY -3 AM 8: 26**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: HOMEASAP LLC

Enter new principal office address, if applicable: 130 CORRIDOR RD, UNIT#953

(Principal office address

MUST BE A STREET ADDRESS)

PONTE VEDRA BEACH, FL 32082

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

PO BOX 953

PONTE VEDRA BEACH, FL 32004-0953

2. The Florida document number of this limited liability company is: M12000003265

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 03/20/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: JOHN R MARSHALL

New Registered Office Address: 437 S LAKEWOOD RUN DR

Enter Florida Street Address

PONTE VEDRA BEACH

City

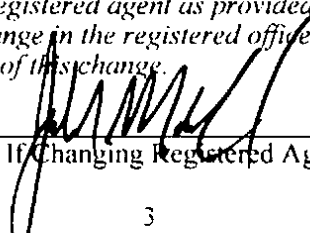
Florida

32082

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

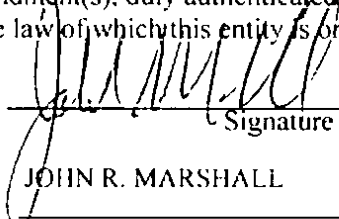

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 _____ PRESIDENT
 Signature of the authorized representative
 JOHN R. MARSHALL

 Typed or printed name of signee

Filing Fee: \$25.00