

M/21000002252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

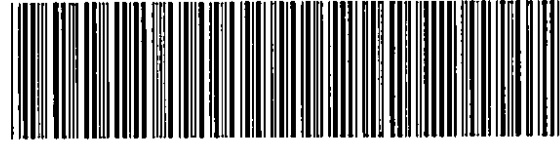
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 JAN -9 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A BOUTER

JAN 10 2023

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OMEBOUND FLORIDA, LLC

Signature _____

Requested by: BA

1/06/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ✓ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ ✓ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMEBOUND FLORIDA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOISES CARDOSO

Name of Person

FILEJET INC.

Firm/Company

10440 PIONEER BLVD., SUITE 8

Address

SANTA FE SPRINGS, CA 90670

City/State and Zip Code

REGISTEREDAGENT@FILEJET.COM

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

For further information concerning this matter, please call:

MOISES CARDOSO

949 259-5955
at ()

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

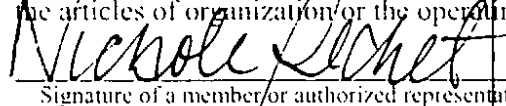
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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. Name of the limited liability company: <u>HOMEBOUND FLORIDA, LLC</u>	
2. (a) <u>1 LETTERMAN DRIVE STE 3500</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>SAN FRANCISCO, CA 94129</u>	(b) <u>1 LETTERMAN DRIVE STE 3500</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>SAN FRANCISCO, CA 94129</u>
<u>02/24/2021</u>	<u>M21000002252</u>
3. <u>CORPORATION SERVICE COMPANY</u> Date of filing/registration in Florida	4. <u>Document number</u>
5. (a) <u>1201 HAYS STREET</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>TALLAHASSEE</u> , FL <u>32301</u>	
(b) <u>FILEJET INC.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>625 E. TWIGGS STREET</u> <u>NEW Registered Office Address</u> <u>SUITE 110</u> <u>TAMPA</u> , FL <u>33602-3931</u>	

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TALLAHASSEE, FL
CLERK OF COURT

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 _____ Signature of a member or authorized representative of a member	<u>NICHOLE PECHET</u> _____ Printed or typed name of signee
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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.



Signature of Registered Agent