Po7000 29987

| (Re | equestor's Name) | |
|---|----------------------|--------------|
| | | |
| (Ac | ddress) | |
| · (Ad | idress) | |
| | | |
| (Ci | ty/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified.Copies | Certificates of | f Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE
SECRETARY SEE, FLORIDO

Pochg

COVER LETTER

| SUBJECT: I LOVE MY HAWDYMAN (Name of Corporation) | | | |
|---|--|--|--|
| DOCUMENT NUMBER: P0700029987 | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| CARLOS ABACA (Name of Contact Person) | | | |
| I LOVE MY HAUDYMAN (Firm/Contpany) | | | |
| P.O. BOX 381603 | | | |
| Miami F 33238 (City/State and Zip Code) | | | |
| | | | |
| For further information concerning this matter, please call: | | | |
| (Name of Contact Person) at 786 286 - 9510 (Area Code & Daytime Telephone Number) | | | |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | |

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this |
|--|
| statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida. |
| in order to change its registered office or registered agent, or both, in the state of riorida. |
| 1. The name of the corporation: 1 LOVE MU THEO WITH THE |
| 2. The principal office address: 175 UE 79 TH SKEET SUITE T |
| Miam, tr 33138 |
| 3. The mailing address (if different): V-O BOX 38 \ 603 |
| Mami, Fz 33238 |
| 4. Date of incorporation/qualification: 03/07/07 Document number: PUTO0002998 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| CARLOS ABARA - I LOVE My handyman |
| 2 DE S9 terrale |
| Mam, TL 33137 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed); |
| CARLOS ABACA - I LOVE MY HELDOYMAN 275 NE 79 PH Skeet Suice T. |
| |
| Miam, 72 33/38 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identified. |
| Such change was althorized by resolution duly adopted by its board of directors or by an officer so authorized by the barry or the corporation has been notified in writing of the change. |
| (Signature of an Affect or director) Carlos Abaca (Printed or typed name and tritle) |
| 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 apparation and accept the obligation of my position as registered agent. Or, if this document is being filed merely toyreflect a change in the registered office address, I hereby confirming the corporation has been notified by writing of this change. |
| (Signatury of Signatury of Sign |
| To a series of the series of t |
| Carlos Africa. |
| (Typed or Printed Name) |
| * * * FILING FFF. \$35.00 * * * |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (8/05)