715000052043

(Re	equestor's Name)						
(Address)							
(Ac	ldress)	_					
(Ĉi	ty/State/Zip/Phone	e#)					
PICK-UP	☐ WAIT	MAIL					
(Bı	isiness Entity Nar	ne)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



400284367374

04/15/16--01025--001 **25.00

95/04/16--01006--031 **10.00

MAY 0 4 2016

C. CARROTHERS

SALCHE SASAVIVATORS



April 19, 2016

JAMES R HADDIX 9239 HONEYWELL RD LAKE WORTH, FL 33467

SUBJECT: HANDY RANDYS HOME IMPROVEMENTS, INC.

Ref. Number: P15000052043

We have received your document for HANDY RANDYS HOME IMPROVEMENTS, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers Regulatory Specialist

Letter Number: 916A00008063

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HANDY RANDYS Home Improvements INC
DOCUMENT NUMBER: P1500005243
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:
James R Haddix Name of Contact Person
Handy Randys Home Improvements INC Firm/Company
9239 Howeynell Rd Address worth Lake worth *F1. 33467 City/State and Zip Code
Lake worth F1. 33467 City/State and Zip Code
Haddix 61 @ AH-, Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames R Haldi'x at (561) 281-1683 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
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

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

Pursuant to the p statement of char							atutes, thi	is
in order	to change its re	gistered o <u>f</u>	fice or regist	ered agent, o	r both, in th	e State of Flo	orida.	
1. The name of the	ne corporation:_	HANdy	RANdy	s Home	Improv	rements	Įn	<u>C</u>
 The name of the The principal of 	office address:	9239	Howey u	sell Rd	Lake	worth	Fl 3	3467
3. The mailing ac	ldress (if differe	nt):						
4. Date of incorp	oration/qualifica	ition: _6-	12-2019	Docum	nent number	: P1500	0052	.043
4. Date of incorp5. The name and Florida Depart	street address of ment of State: (1	f the current f resigned,	nt registered a enter resigno	agent and regi ed)	stered offic	e on file with	the AK	2816 MAY
-	Corpor	ation	Service	e Compa	7WY		3 32	-2
-	street address of ment of State: (1 Corpor	Hays :	Street	TAllaha	ssec Fl	32.30	OF-STAME E.FLORIO	PH 4: 3
6. The name and (if changed):	street address of	f the new re	egistered age	nt (if changed	l) and /or re	gistered offic	e	
	JA	mes!	R HA	00/X				
	JA 9239	Howe	P.O. Box NOT	Pacceptable	ake w	orth F	1 334	47
The street address as changed will l	ss of its register be identical.	ed office a	nd the street	address of th	e business	office of its 1	registered	l agent,
Such change was authorized by the	s authorized by e board, or the c	resolution orporation	duly adopted has been no	l by its board tified in writi	of director ing of the c	s or by an of hange.	ficer so	
Jana Signatur	e of an officer or direct	ctor		JA	mes R	HA d	lix	
I hereby accept to I further agree to performance of the agent. Or, if this hereby confirm t	the appointment o comply with the my duties, and I of document is be	as registe ne provisio am familio eing filed n	red agent an ns of all stat ar with and a nerely to refl een notified i	d agree to ac utes relative accept the obl	et in this cap to the prope ligation of r in the regis	pacity. er and comp ny position a stered office		red I
James &	Haldk ature of Registered A	gent		4-	24- 3	2016		
If signing on beh					Di			
- -	·							
Ту	ped or Printed Name							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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