P95000024472

(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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CORPORATE ACCESS, INC.

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1. HANDYMAN HOME REPAIR SERVICE OF PINELLAS, INC.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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 FL _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: HANDYMAN HOME REPAIR SERVICE OF PINELLAS, INC.

2. The principal office address: 11327-43 STREET NORTH CLEARWATER, FL 34622

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/24/1995 Document number: P95000024472

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

TELOS LEGAL CORP.

155 OFFICE PLAZA DRIVE

TALLAHASSEE, FL 32301

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

James K. Allbritten

11327-43 STREET NORTH

P.O. Box NOT acceptable

CLEARWATER, FL 34622

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Rachel Cain
Signature of an officer or director

Rachel Cain, Director of Risk Management
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

/s/ James K. Allbritten
Signature of Registered Agent

2/10/2025
Date

If signing on behalf of an entity:

James K. Allbritten
Typed or Printed Name

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

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

CR2E045 (04/13)