

Division of Corporations

L13000034655

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H13000068469 3))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : I2C0100C0C62
Phone : (323) 962-8600
Fax Number : (323) 962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
WHOLE HOME SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED
13 MAR 26 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2013 MAR 26 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Tony Burroughs
DATE	2013-03-26 07:46:16 PDT
RE	LZ Order 506091992 - FL SOS

COVER MESSAGE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHOLE HOME SOLUTIONS 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:

Barbara Dang
Name of Person

Legalzoom.com, Inc.
Firm/Company

100 W. Broadway Suite 100
Address

Glendale, CA 91210
City/State and Zip Code

csqllc_1@comcast.net
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Dang at (323) 962-8600
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 608.416 or 608.508, 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: WHOLE HOME SOLUTIONS LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS) 224 POSSUM PASS
WEST PALM BEACH, FL 33413

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX) 224 POSSUM PASS
WEST PALM BEACH, FL 33413

03/06/2013
3. Date of filing/registration in Florida

L13000034655
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: VON HASELN, STEPHEN

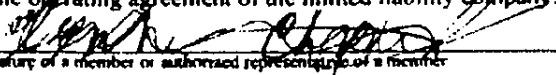
Registered Office Address: 137 NW 81ST WAY
CORAL SPRINGS, FL 33047

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Glenn A. Chaplin

NEW Registered Office Address: 5110 Heron Ct.
(MUST BE FLORIDA STREET ADDRESS) Coconut Creek, FL 33073

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.

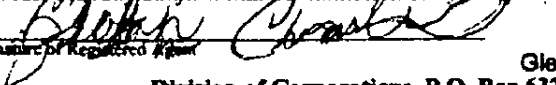


Signature of a member or authorized representative of a member

Glenn A. Chaplin

Printed or typed name of signer

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 608, 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

Glenn A. Chaplin
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
2013 MAR 26 AM 7:59
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS