(Requestor's Name)	•
(Address)	<b>.</b>
(Address)	-
(City/State/Zip/Phone #)	•
PICK-UP WAIT MAIL	
(Business Entity Name)	•
(Document Number)	•
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

Division of Corporations
SUBJECT: Nova Homes of South Florida, Inc. Name of Corporation
DOCUMENT NUMBER: P04000138366
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:
Frank Arcia
Name of Contact Person
Nova Homes of South Florida Inc
8840 NW 172nd Terrace
Miami Pl 33018 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Trank Acca at (339) (69) -0707  Name of Contact Person Area Code & Daytime Telephone Number
Name of Comact reison 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 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 <u>Floredal</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Nova Homes of South Florida Inc.  2. The principal office address: 9840 NW Mand Tem.  Miami M 33018  3. The mailing address (if different): Same
3. The mailing address (if different):
4. Date of incorporation/qualification: 19/1/04 Document number: P04000/38366
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)
8840 NW Mand Tell
Maria Arcia (resigned) 8840 NW 172nd Terr mami Tl 33018
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Frank Arcia BR R R R R R R R R R R R R R R R R R R
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.
Signature of an officer or director  Mahavai Dacosta V. P.  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.
1/20/2010.
Signature of Registered Agent / Date  If signing on behalf of an entity:
Nova Homes of South F1, Inc. Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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