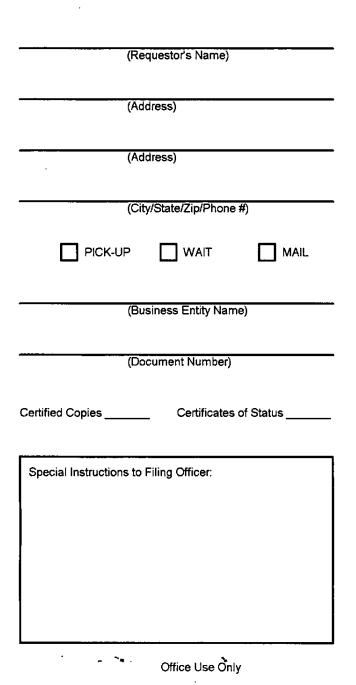
529899





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SECALLARSE FLORIDA

CRM 10-3-14

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. Aranda Homes, Inc.

Name of Corporation

DOCUMENT NUMBER: 529899

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:

Dominick Izzo

Name of Contact Person

Aranda Homes, Inc.

Firm/Company

1326 Cape Coral Parkway E

Address

Cape Coral, FL 33904

City/State and Zip Code

UTAH 1020 @ AOL. (om E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominick Izzo

Name of Contact Person

at (239) 573-2611 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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sange is submitted for a corporation organized under the laws of the State of $\underline{\mathbf{F}}$ or to change its registered office or registered agent, or both, in the State of F | lorida | | |
|--|---|----------------|-------------------|-------------|
| 1. The name of t | the corporation: Aranda Homes, Inc. | | | |
| | office address:oe Coral Pkwy E Unit 2 CAPE CORAL, FL 33904 | | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incorp | poration/qualification: 3/23/1977 Document number: 529899 | 9 | | |
| 5. The name and | d street address of the current registered agent and registered office on file wirtment of State: (If resigned, enter resigned) | th the | | |
| | John Conti, Jr. | | | |
| | 1326 Cape Coral Pkwy E. Unit 2 | | | |
| | Cape Coral, FL 33904 | | | - |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered off | I A Deck | 14 SEP | |
| | Dominick Izzo | 20 T | 25 | Section. |
| | 1326 Cape Coral Pkwy E. Unit 2 | | PH | n |
| | P.O. Box NOT acceptable | -7.0/ -2.5/ | 3: \ 8 | O |
| | Cape Coral, FL 33904 | | 81 | ~ |
| The street address changed will | ess of its registered office and the street address of the business office of its | regist | ered | agent, 🤫 |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change. | officer | so | |
| Signature of an officer or director Dominick Izzo Printed or typed name and title | | | | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and come from duties, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change. The properties of Registered Agent Pater Agent Date | | zistere ess, I | ed |
| If signing on be | chalf of an entity: | | | |
| Dom | INICK IZZO | | | |

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