DOCUMENT # 843212 1. Corporation Name ELIADA HOMES, INC. Principal Place of Business P.O. BOX 16708 P.O. BOX 1000 P.O. BOX 10
P.O. BOX 16708 2 COMPTON DRIVE ASHEVILLE NC 28816 2. Comparison of Sections of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 3. Street Address (P.O. Box Number is Not Acceptable) 3. Sections of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 3. Street Address (P.O. Box Number is Not Acceptable) 3. Store of Address of Sections 617.0502 and 617.1508, Florida Statutes, Street Address (P.O. Box Number is Not Acceptable) 3. State Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent ard the if applicable. 3. State Sta
Image: Name and Address of Current Registered Agent 05/11/1979 2ip 27 27 27 City & State City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required 3 28 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required 2ip Country 29 30 5. Certificate of Status Desired \$5.00 May Be Added to Fees 3 28 29 30 Trust Fund Contribution \$4.40ded to Fees 9 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 13569 91ST AVEUNE NORTH SEMINOLE FL 94646 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent and reinstating)
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Applicable 2 27 7 Not Applicable City & State 27 Not Applicable 3 28 5. Certificate of Status Desired \$8.75 Additional Fee Required 3 29 30 Trust Fund Contribution \$8.75 Additional Fee Required 4 25 29 30 Trust Fund Contribution \$\$5.00 May Be Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent \$\$6.75 Additional Fee Required GIMON,ALEXANDER 13569 91ST AVEUNE NORTH SEMINOLE FL 94646 81 Name \$\$1< Name 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 1 am familier with, and accept the obligations of, Section 617.0503, Florida Statutes. Statutes. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. 1 am familier with, and accept the obligations of, Section 617.0503, Florida Statutes. DATE SIGNATURE GRA
City & State City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required 3 28 29 10 Fee Required Fee Required Zip Country 2ip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GIMON,ALEXANDER 13569 91ST AVEUNE NORTH SEMINOLE FL 94646 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, except the obligations of, Section 617.0503, Florida Statutes, and the if applicable. DaTE SIGNATURE Image: Signature, hyped or printed neme of registered agent and the if applicable. (NOTE: Registered Agent aignature required when reinstelling) DaTE SIGNATURE GRANT, JAMES A 300 LONG SHOALS RD, 2-K 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITHE GRANT, JAMES A 300 LONG SHOALS RD, 2-K 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be 4 25 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Added to Fees 9. Name and Address of Current Registered Agent 81 Name 81 Name GIMON,ALEXANDER 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 13569 91ST AVEUNE NORTH 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent and accept the obligations of, Section 617.0503, Florida Statutes. Statutes. SIGNATURE SIGNATURE Immediate agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE SIGNATURE Immediate agent or printed name of registered agent and title if applicable. Immediate agent or printed name of registered agent or both iston the state of Florida. Such change agent
GIMON,ALEXANDER 13569 91ST AVEUNE NORTH SEMINOLE FL 94646 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. IVET OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITTLE D GRANT, LAMES A DELETE 300 LONG SHOALS RD, 2-K 13. STREET ADDRESS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITTLE D DELETE 1.1 TITLE D Change Addition VAME GRANT, JAMES A 1.2 NAME STREET ADDRESS 0.0 CONG SHOALS RD, 2-K 1.3 STREET ADDRESS 0.0 CONG SHOALS RD, 2-K 0.0 CONG SHOALS RD
TTLE D DELETE 1.1 TITLE Change Addition AME GRAINT, JAMES A 12 NAME STREET ADDRESS 300 LONG SHOALS RD, 2-K 1.3 STREET ADDRESS
ITLE D Change Addition
ASHEVILLE NC 2.4 CITY-ST-ZIP ITTLE DELETE IAME BROOKS, DARRELL F STREET ADDRESS 346 RED FOX CIRCLE 33 STREET ADDRESS
ASHEVILLE NC 34. CITY-ST-ZIP ITILE D DELETE 4.1 TITLE IAME DEMOS, MICHAEL S 4.2 NAME ITTEET ADDRESS 5 FOSTER DRIVE 4.3 STREET ADDRESS
ASHEVILLE NC 28806 44 CITY-ST-ZIP ASHEVILLE NC 28806 44 CITY-ST-ZIP ITLE D Clange Addition IAME GOUGE, MOLLY MRS STREET ADDRESS 35 BRADDOCK WAY S3 STREET ADDRESS
Intel ADDRESS 35 DIVACUULT INTE 54 CITY-ST-ZIP ITLE D Change Addition ITLE GOODRUM, SMITH DR 62 NAME

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