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SECRETARY OF STATE OF STATE OF CORPORATION

C. LEWIS

JUL 14 2014

EXAMINER

COVER LETTER

Amendment Section Division of Corporations The Home Mission Irrevocable Charitable Trust Name of Corporation 0120000000011 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: Robert R. Tinglof Name of Contact Person 13060 S.W. 3rd Street Plantation, FL 33325 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Seri Barker Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section

> Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 DEC. OF Trust

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: The Home Mission Irrevocable Charitable Trust	
2. The principal	n, FL 33325	
	address (if different): 151 N. Nobhill Road, Suite 296 Plantation, FL 33324	
4. Date of incor	rporation/qualification: January 30, 2012 Document number: D1200000011	
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Alejandro S. Reyes	
	151 N. Nobhill Road, Suite 296	
	Plantation, FL 33324	rr3
6. The name an (if changed):	ad street address of the new registered agent (if changed) and /or registered office Robert R. Tinglof	SECHE T
	Robert R. Tinglof	F CO
	13060 S.W. 3rd Street 要	구 구 유 유
	P.O. Box NOT acceptable & & & & & & & & & & & & & & & & & & &	ATTONS
The street addr	ress of its registered office and the street address of the business office of its registered age. I be identical.	nt,
	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the forporation has been notified in writing of the change.	
Robert Signat	Robert R. Tinglof, Trustee Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if the 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 complete f my duties, and Lam familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address. I that the composition has been notified in writing of this change.	
That I si	griature of Jogishered Agent Ob 23 2014 Pate	-
If signing on bo	ehalf of an entity:	
Robert R.		
	Typed or Printed Name	

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