FOODOWY

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(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER:

Home Builders Institute F00000000485

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:

Laura Bray Name of Contact Person Home Builders Institute Firm/Company 1201 15th Street, NW Address Washington, DC 20005 City/State and Zip Code

lbray@hbi.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Bray

Name of Contact Person

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

<u>Street Address:</u> 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

47.3

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 the District of Columbia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of th	ne corporation: Home Builders Institute				
2. The principal of	office address: 1201 15th Street, NW, Sixth Floor, Was	hingto	n, DC	200)05
3. The mailing ad	Idress (if different):				
4. Date of incorpo	oration/qualification: 11/25/1983 Document number: F00	00000	00485		
5. The name and	street address of the current registered agent and registered office on fi ment of State: (If resigned, enter resigned)				
Į	Paul Mcae Thompson				
2	201 East Park Avenue				
-	Tallahassee, FL 32301		N S	1,	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registere				' - -
- -	Tadar Muhammad			0	
;	3056 Town Center Blvd., #202		77. 93.	30 :21 15	ψ.
- (P.O. Box NOT acceptable Orlando, FL 22305			30	
The street addres as changed will b	ss of its registered office and the street address of the business office be identical.	of its reg	istered :	agent,	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by board, or the corporation has been notified in writing of the change.	an offic	er so		
11 A	John A. Courson, President of an officer or director Printed or typed name a				
I hereby accept to I further agree to performance of n agent. Or, if this hereby confirm to	he appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and ny duties, and I am familiar with and accept the obligation of my pos a document is being filed merely to reflect a change in the registered that the corporation has been notified in writing of this change.	complete ition as r office ad	e registere dress, I	:d	
21-7	γ 2/26/14				
If signing on beh	alf of an entity:				
Тур	oed or Printed Name		,		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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