Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001925573)))



H190001925573ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:				
	Division of C	orporations		
	Fax Number	: (850)617-6380		
From:			5.	201
	Account Name	: C T CORPORATION SYSTEM		75
	Account Numbe	r : FCA000000023	•	
	Phone	: (614)280-3338	•	
	Fax Number	: (954)208-0845		
		•		Ö
**Enter	the email addre	ss for this business entity to be used	for future	-
	annual report mailings. Enter only one email address please. **			
•	<b></b>	range to the thing the things and the pate		$\infty$
Ema	ail Address:			 دی
				- 5

9 JUN 2D AH 3: 4

REGISTERED AGENT CHANGE HOME BUILDERS INSTITUTE INCORPORATED

Certificate of Status	0
Certified Copy	I
Page Count	02
Estimated Charge	\$43.75

KAIROICHS

JUN 21 2019

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: HOME BUILDERS 2. The principal office address: 1201 15TH STREET	INSTITUTE INCORPORATED
The principal office address: 1201 15TH STREET	
	N.W. SIXTH FLOOR WASHINGTON, DC 20005
The mailing address (if different):	
Date of incorporation/qualification: 01/27/2000	Document number: F00000000485
5. The name and street address of the current registor. Florida Department of State: (If resigned, enter re-	ered agent and registered office on file with the
- MUHAMMAD, TADAR	
11860 Old Glory Drive	
ORLANDO, FL 32837	
i. The name and street address of the new registered (if changed):  C T Corporation System	d agent (if changed) and /or registered office
1200 So	outh Pine Island Road
P O. Bo: Plantation, Florida 33324	x NOT acceptable
he street address of its registered office and the social schanged will be identical.	treet address of the business office of its registered age
such change was authorized by resolution duly adduthorized by the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.
Signature of an officer or director	Edward Harrison, Treasurer Printed or typed name and tale
ereo, conjunt tipi me corporation has been nong	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o vellect a change in the registered office address, I fied in writing of this change.
C.T Corporation System  By: (Malle ) Laker	06/19/2019
Signature of Registered Agent	Date
signing on behalf of an entity:	
Candice Pignataro	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12) .