Florida Department of State

Division of Corporations Public Access System

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To:

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)222-9428

REGISTERED AGENT CHANGE

AMERICAN HOME PARTNERS, INC.

Certificate of Status	0
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Comorale filing

T BROWN DEC 3 0 2003

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

				1508, or 617.1508, Florida Stati	ites,
this statement of Delaware	- 4	-	_	under the laws of the State of registered agent, or both, in the S	tate
of Florida.			**		
1. The name of	f the corporation:	American Home Parm	ers, Inc.		,,,
2. The principa	al office address:	26 Realty Drive, Ches	hire CT 06410		
			 	<u></u>	-2
3. The mailing	address (if differ	ent):			
4. Date of inco	moration/qualific	ation: 8/2/01	De	cument number: F81000004072	
	nd street address a artment of State:	of the current register	red agent and	registered office on file with the	* *
		Corporation Ser	vice Company		
		1201 Hay	s Street		
		Tailahaasee	FL 32301		
6. The name a changed):	nd street address	of the new register	ed agent (if	changed) and /or registered office	; (if
		C T Corporat	ion System		
		c/o C T Corpor	ation System		
		(P.O. Box or personal mai	bex NOT acceptab	le)	
	1200	South Pine Island Road	, Plantation, Fig.	rida 33324	
The street addragent, as chang	ess of its register sed will be identi	red office and the stroad.	eet address o	the business office of its register	ed
Such change was authorized by the	he board or the	resolution duly adoption has been	oted by its boo notified in w Tam	ard of directors or by an officer so riting of the change. my Toheroo, Vice President	2
I hereby accept I hereby accept I further agree performance of registered ager office address,	t the appointment to comply with to comply with to form duties, and the form of this doctor thereby confirm Corphysion System	t as registered agent he provisions of all s am familiar with an cument is being filed that the corporation	and agree to tatutes relati d accept the merely to rej has been no	act in this capacity. act in this capacity. ve to the proper and complete obligation of my position as lect a change in the registered tified in writing of this change.	
By: Ay	Signature of Romand			2/20/03	
If signing on beha	if of an entity;				
	Lauren Kreatz		Sp	ecial Assistant Socretary	
,	Typod or Printed Name)	A A A ALLES APANA AND	TO. ### ^* *	(Cupacity)	
		* * * FILING FE	L: 535.00 ** *	েল	

Make checks payable to Plorida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallamassee, FL 32314