Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			`
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## REGISTERED AGENT CHANGE HOME RETENTION SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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1-20-11

1/19/2011

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

statement of ch	e provisions of sections 607.0502, 617.0502, nange is submitted for a corporation organiz	ed under the laws of the State of	Texas	
	ler to change its registered office or register	<del>-</del>	Florida.	
1. The name of	The corporation: Home Retention Services, In	YC.		
2. The principa	al office address: 1980 Post Oak Blvd Suite 50	00, Houston, TX 77056		
3. The mailing	address (if different):			
4. Date of inco	F05000000766			
	ad street address of the current registered aga artment of State: (If resigned, enter resigned		vith the	
	Corporation Service Company		_ ~	
	1201 Hays St.		2011 JAN SECRET TALLAH	
	Tallahassee, FL 32301		空星	
6. The name at (if changed)	nd street address of the new registered agent	(if changed) and /or registered o	ARY OF ASSEE.	
	C T Corporation System		9:50 FLORID	
c/o C T Corporation System, 1200 South Pine Island Road				
	P.Q. Box NOT	acceptable	<u></u>	
•	Plantation, Florida 33324		_	
The street add as changed wi	lress of its registered office and the street a ill be identical.	ddress of the business office of	f its registered agent,	
Such change authorized by	has authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by its directors or by itself in writing of the change.	an officer so	
XII	Tohanio allica	Scoretary		
I hereby acce I further agre of my duties, document is b corporation h	our of an officer or director  pt the appointment as registered agent and to to comply with the provisions of all statu- and I am familiar with and accept the obli- teing filed merely to reflect a change in the tas heaf notified in writing of this change.	Primed or typed name and a gree to act in this capacity, ites relative to the proper and c gallon of my position as register registered office address, I her		
By MIN				
1	Significant of Registered Agest	Дыс		
If signing on	behalf of an entity:			
Jayna	n Nickell, Assistant Secretary			
	Typed or Printed Name  * * * FILING FE	D. 016 AA # #		
		ELA MEJATEMIJ		

\* \* FILING FEE: \$35.80 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)