

F07000003871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

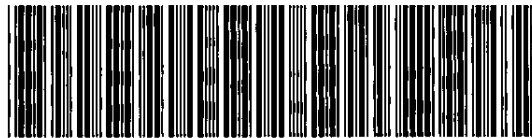
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TB

6/9/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HOMESCLUB.ORG, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F07000003871

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:

ROBIN FEINGLAS

Name of Contact Person

SAVEOLOGY.COM LLC

Firm/Company

3303 W. COMMERICAL BLVD.

Address

FT. LAUDERDALE, FL 33309

City/State and Zip Code

rfeinglas@saveology.com

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

For further information concerning this matter, please call:

Robin Feinglas

Name of Contact Person

at ( 954 ) 657-9600 EX 7720

Area Code & Daytime Telephone Number

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 28, 2009

ROBIN FEINGLAS  
SAVEOLOGY.COM LLC  
3303 W COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33309

SUBJECT: HOMESCLUB.ORG, INC.  
Ref. Number: F07000003871

We have received your document for HOMESCLUB.ORG, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 609A00018035

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN 8 - AM 8:00

RECEIVED

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

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

1. The name of the corporation: HOMESCLUB.ORG, INC.
2. The principal office address: 3303 W. COMMERICAL BLVD.  
FT. LAUDERDALE, FL 33309
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/01/2007 Document number: F07000003871

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Blumberg excelsior CORPROATE SERVICES, INC.  
~~350 E. LAS OLAS BLVD., SUITE 1000~~ 515 East Park Avenue  
Tallahassee ~~FT. LAUDERDALE, FL 33309~~ 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MICHAEL WALLACE

3303 W. COMMERICAL BLVD.

(P.O. Box NOT acceptable)

FT. LAUDERDALE, FL 33309

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

MICHAEL WALLACE, SVP, CFO  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

(Signature of Registered Agent)

(Date)

June 2, 2009

If signing on behalf of an entity:

MICHAEL WALLACE  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN - 8 PM 12:03

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