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Division of Corporations

15129570210

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email A	ddress:						
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REGISTERED AGENT CHANGE PALM HARBOR HOMES, INC., A CORPORATION OF DELAWARE.

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COVER LETTER

TO:	Amendment Section
	 Division of Corporations

15129570210

PALM HARBOR HOMES, INC., A CORPURATION OF DELAWARE			
SUBJECT:Name of Corporation			
DOCUMENT NUMBER: F11000001405			
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:			
Mary Castillo			
Name of Contact Person			
Registered Agent Solutions, Inc.			
Firm/Company			
Corporate Center One, 5301 Southwest Pkwy, Ste 400			
Address	10	20	
Austin, Texas 78735	5%	23	
City/State and Zip Code		2023 HAY 17	4E1EEE
E-mail address: (to be used for future annual report notification)	LAHASSE	17 AH	
For further information concerning this matter, please call:	17. FL	9: 58	
Mary Castillo at (888) 705-7274	;		
Name of Contact Person 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	provisions of sections 607.05 ange is submitted for a corpor or to change its registered offi	ration organized un	der the la	ws of the State (of Delawar	
t. The name of	the corporation: PALM HARE	BOR HOMES, INC.	, A CORF	PORATION OF	DELAWARE	
2. The principa	office address: 15301 Sp	pectrum Drive	e Suite	500 Add	ison, TX 7	<u>′500</u> 1
3. The mailing	address (if different):					
4. Date of incor	poration/qualification: 3/3	1/2011 n	Ocument	number: F11	0000014	105
5. The name an	id street address of the current irtment of State: (If resigned, i	registered agent an				
	CORPORATIO	ON SERVI	CE C	OMPAN	<u>1Y</u>	
	1201 HAYS STREET					
	TALLAHASSEE		FL	32301-25	25	
6. The name an (if changed):	Registered Age				office	2023
	2894 Remington		 -			2023 HAY 1 7
	200 1 101111191011	P.O. Box NO face			— <u>等</u>	7 17
	Tallahassee	FL	3230	08	- SSE	7 4#
The street addr	ress of its registered office an	ad the street address	s of the bu	asiness office o	of its registered ☐ ≧	մա կ⊕ ու ^{(Ը}
Such change wanthorized by t	as authorized by resolution che board, or the corporation	duly adopted by its has been notified i	board of n writing	directors or by of the change.	an officer so	œ
1st Steven K	C. Like ure of an officer or director	Stev		Like	Preside	ent_
I hereby accep I further agree of my duties, a document is be	of the appointment as register to comply with the provision and I am familiar with and ac- ving filed merely to reflect a c as been notified in writing of	is of all statutes rel cept the obligation change in the regis	e to act in	this capacity		ormance r, if this that the
И	laces dil	05	/17/20)23		
Si	gnature of Registered Agent			Date		
If signing on b	ehalf of an entity:					
Mackenzie Hib	ler, Assistant Secretary					
	Typed or Printed Name	errasio ente ass	• ^^ + + +			
	# A #	FILING FEE: \$35	>.UU ^ ^ *	resum con Consumo		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)