## F12000000566

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ETTERNITORY OF SOT.

THE STATE OF CORPORAL STATES

MO [1] 2018

## AVERTARY OF STATES

## **COVER LETTER**

2818 AUG 15 AM 11: 98

TO: Amendment Section Division of Corporations

SUBJECT:	SUBJECT: BUILDING HOMES FOR HEROES, INC.						
	Name of Corporat	ion					
DOCUMENT NUMBE	R:F1200000	0566					
The enclosed Statement	of Change of Registered Office/Agen	t and fee are submitted for filing.					
Please return all corresp	ondence concerning this matter to the	following:					
Jourdan Cerrillo							
Name of Contact Person							
DoMyLLC.com, LLC							
	Firm/Company						
	5716 Corsa Ave. · Suite 110						
Address							
Westlake Village, CA 91362-7354							
City/State and Zip Code							
compliance@demylle.com							
compliance@domyllc.com  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call;							
Jourdan Cerrillo on Name of	pehalf of _DoMyELC.com, ELC_ at (	818 ) 264-4266 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Amendment Section	Street Address: Amendment Section					
	Amendment Section Division of Corporations	Division of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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

statement of chan	ge is submitted for a	corporation organi	2, 607,1508, or 617,150 ized under the laws of th	re State of New Yor	
	·		red agent, or both, in th OR HEROES INC	e State of Florida.	
1. The name of the	e corporation:		OR HEROES, INC.	NIV 44504	
2. The principal o			te 105 Valley Stream		
3. The mailing add					
4. Date of incorpo	ration/qualification;	02/07/2012	Document number	F12000000	1566
	street address of the conent of State: (If resi		gent and registered offic d)	e on file with the	
	CORF	PORATION SERV	VICE COMPANY		
_		1201 Hays 9	Street		
		Tallahassee, FL 3	32301-2525		
6. The name and s (if changed):	treet address of the n	ew registered agen	t (if changed) and /or re	gistered office	288 -
_		InCorp Servic	es, Inc.		WIS NOT CORPORED
_		17888 67th Co	urt North		15
		P G Box NOTe	•		A To
		Loxanatchee, F	L 33470	<u></u>	
The street address as changed will be	of its registered off e identical.	ice and the street a	ddress of the business of	office of its registered	age##
Such change was authorized by the	authorized by resolution board, or the corpor	ition duly adopted lation has been noti	by its board of director: fied in writing of the cl	s or by an officer so hange.	
Signature v	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	40	Nancy Mauro, Secre		
I hereby accept th I further agree to performance of m agent. Or, if this o	  e appointment as re  comply with the pro  v duties, and I am Jo  document is being fi	visions of all statu miliar with and ac led merely to reflec	agree to act in this cap tes relative to the prope cept the obligation of n ct a change in the regis writing of this change	oacity. er and complete ny position as register:	ed
4		_	Augus	st 9, 2018	
- Vignati	ure of Registered Agent	·	Đai	ie .	
If signing on beha	If of an entity:				
	ickett on behalf of II	nCorp Services, I	nc.		
11/2		* * FILING FEE	C: \$35.00 * * *		