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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043

Phone : (800)342-9856 Fax Number : (800)354-3381

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

REGISTERED AGENT CHANGE HOMESTEAD EQUITIES INC.

Certificate of Status	0
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Corporate Filing Menu

Help

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

statement of change is submitted for a corporation organized under the laws of the Statein order to change its registered office or registered agent, or both, in the State	e of New York
t. The name of the corporation. HOMESTEAD EQUITIES INC.	•
2. The principal office address: 250 W. 24TH STREET, APT 2FW, NEW	YORK, NY 10011
3. The mailing address (if different):	
4. Date of incorporation/qualification: 04/25/2012 Document number: F1	2000001780
5. The name and street address of the current registered agent and registered office on fi Florida Department of State: (If resigned, enter resigned)	ile with the
agent resigned	
6. The name and street address of the new registered agent (if changed) and /or registere (if changed):	
INCORPORATING SERVICES, LTD.	,
1540 GLENWAY DRIVE	
P.O Box NOT acceptable TALAHASSEE, FL 32301	
The street address of its registered office and the street address of the business office as changed will be identical.	of its registered agent,
Such change was authorized by resolution fully adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	, , , , , , , , , , , , , , , , , , ,
Signature of another or director Printed or typed narios	Ind 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 performance of my duties, and I am familiar with and accept the obligation of my posagent. Or, if this document is being filed merely to reflect a change in the registered mereby confirm that the corporation has been notified in writing of this change.	complete ition as registered office address. I
Sugnature of Regulared Applit 9/27/2013	
If signing on behalf of an entity:	
MELISSA A. STOPS, ASST SEC 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 (03/12)

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