## F14000003688

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
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NOT THE ENDING

RECEIVE DEPARTMENT STATES

TALLAHASSEE FLORID;

MAR 31 2015 T. CARTER

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/30/2015

NAME:

OPERATION HOMEFRONT, INC.

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

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

| statement of cha  | provisions of sections 607.0502, 617.0502.<br>inge is submitted for a corporation organiz<br>ir to change its registered office or register  | ed under the laws of the Sta   | te ofAriz  |                 |        |
|---|--|--|--|-----------------|--------|
| 1. The name of t  | the corporation: OPERA   | ATION HOMEFRO  | NT, INC.   | •               |        |
| 2. The principal  | office address:<br>tral Parkway South, Suite 100   |  | TX   | 78232           |        |
| 3. The mailing a  | ddress (if different):   |  |  |                 | _      |
| 4. Date of incorporation/qualification: 9/2/2014 12:00:00 AM Document number:     |  |  | F140000  | F14000003688    |        |
|   | I street address of the current registered age<br>tment of State: (If resigned, enter resigned   |  | file with the                                    |                 |        |
|   | CT Corporation   | n System   |  |                 |        |
|   | Plantation, FL   | 33324  |  |                 |        |
|   | 1200 South Pine I  | sland Road   |  |                 |        |
| 6. The name and (if changed):   | I street address of the new registered agent   | (if changed) and /or register  | red office                                       | 15 MAR          | SECRE: |
|   | National Corporate Rese  | arch, Ltd., Inc.   | <del></del>                                      | 30              | ASSI   |
|   | 155 Office Plaza Drive   |  | <del></del> _                                    |                 | . F. 의 |
|   | Tallahassee, FL 32301  | ceptable   |  | 9: 17           | STATE  |
| The street addre  | ess of its registered office and the street ac<br>be identical.  | ddress of the business office  | e of its registe                                 | red agent,      | Ā      |
| Such change wa<br>authorized by th  | is authorized by resolution duly adopted be<br>board, or the corporation has been notif  | y its board of directors or blied in writing of the change   | y an officer s<br>e.                             | 0               |        |
|   | Lieur Dup  |  |  |                 |        |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm | the appointment as registered agent and to comply with the provisions of all statutemy ditties, and I am familiar with and actis document is being filed merely to reflect that the corporation has been polified in | agree to act in this capacity<br>es relative to the proper an<br>rept the obligation of my pa<br>t a change in the registered<br>writing of this change. | d complete<br>sition as regi:<br>l office addres | siered<br>ss, f |        |
| - Hear  | pature of Registered Agent   | 3/30/20  | 115  |                 |        |
|   | half of an entity:   |  |  |                 |        |

## Sean Honan, Assistant Secretary

Typed or Printed Name

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