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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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

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REGISTERED AGENT CHANGE HOMERELIANCE CAPITAL CORP.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607. statement of change is submitted for a corporation organized w			this	_
in order to change its registered office or registered as	gent, or both, in the State of I	lorida.		
1. The name of the corporation: Homereliance Capital Corp.				
2. The principal office address; 145 Marcus Blvd Hauppauge, N	VY 11788			
3. The mailing address (if different): 145 Marcus Blvd Hauppauge	, NY 11788			
4. Date of incorporation/qualification: 01/20/2015	Document number: F150000	000250		
5. The name and street address of the current registered agent at Florida Department of State: (If resigned, enter resigned)	nd registered office on file w	ith the		
CHAPIN, LEE			2	
336 BROWN ST			2020 APR	
EAST POINT, FL 32328		•	PR -3	
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):		fice'	PH 12: 34	Serren Serren
Registered Agents Inc.		H	34	
7901 4th St N STE 300				
P.O. Box NOT acceptate St. Petersburg FL 33702	ok:			
The street address of its registered office and the street address as changed will be identical.	s of the business office of it	s registe	red age	nt,
Such change was authorized by resolution duly adopted by its authorized by the board, or the corporation has been notified it	board of directors or by an in writing of the change.	officer s	60	
Michael Stack Mich	nael Stack	T.:	- 	_
I hereby accept the appointment as registered agent and agre I further agree to comply with the provisions of all statutes reperformance of my duties, and I am familiar with and accept agent. Or, if this document is being filed merely to reflect a chereby confirm that the corporation has been notified in writing	lative to the proper and con the obligation of my position hanve in the revistered offic	nplete n as regi	stered ss, I	
Bee Hame 4/3	/2020			_
Signature of Registered Agent	Date			_
If signing on behalf of an entity:				
Bill Havre Typed or Printed Name				
* * * FILING FEE: \$3:	5.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)