lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H230001491373)))



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Ta:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)298-0845 Fax Number : (614)573-3996

**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 ANYONE HOME, INC

Certificate of Status	0
Certified Copy	I
Page Count	. 02
Estimated Charge	\$43.75

Electronic Filing Menu — Corporate Filing Menu

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

From: David Thomas

Pursuant to the provisions of sections 607.0502, 617, statement of change is submitted for a corporation of in order to change its registered office or re-	
1. The name of the corporation: ANYONE HOME, IN	SC
2. The principal office address: 25521 COMMERCEN	TRE, SUITE 100
LAKE FOREST, CA	92630
3. The mailing address (if different):	
4. Date of incorporation/qualification: 01/20/2016	Document number: F16000000293
5. The name and street address of the current register. Florida Department of State: (If resigned, enterresi	•
Paracorp Incorporated	
155 Office Plaza Drive, 1st Floor	(2)
Tallahassee, FL 32301	
6. The name and street address of the new registered (ifchanged):	agent (if changed) and /or registered office
C T Corporation System	<u> </u>
1200 South Pine Island Road	<i>Q.</i>
Plantation, Florida 33324) Box NOT acceptable
The street address of its registered office and the str as changed will be identical.	reet address of the business office of its registered agent.
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.
\mathcal{M}/\mathcal{A}	John M. Vingia, VP
corporation has been heaviet in writing of his char	Printed or typed name and little I and agree to act in this capacity, statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the inge.
C T Corporation System Signature of Registered Agent	04/17/2023 Oate
If signing on behalf of an entity:	VARC
SEAN L. EMERICK, ASSISTANT SECRETARY	
Typed or Printed Name	

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

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

By: