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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 : (800)567-4397 : (800)567-4398 Fax Number

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

Email Address: VCEFALI@URSCOMPLIANCE.COM

## REGISTERED AGENT CHANGE HOMEOWNERS OF AMERICA MGA, INC.

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu nange is submitted for a corporation organized under the laws of the State of <u>TEX</u> .	AS	
	der to change its registered office or registered agent, or both, in the State of Floria	la.	
1. The name of	f the corporation: HOMEOWNERS OF AMERICA MGA, INC.		
2. The principal IRVING, TX 75	al office address: 1400 CORPORATE DR., STE 300		<del></del>
3. The mailing a	address (if different):		
4. Date of incorp	rporation/qualification: 02/06/2024 Document number: F24000000990		
5. The name and	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	REGISTERED AGENT SOLUTIONS, INC.		
	2894 REMINGTON GREEN LN, STE A		
	TALLAHASSEE, FL 32308	2025	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office:	2025 JAH -3	, - , -
	URS AGENTS, LLC	57.	
	3458 Lakeshore Drive	 !	
	P.O. Box NOT acceptable Tallahassee, FL 32312	വ വ	
The street addre	ress of its registered office and the street address of the business office of its regi If be identical.	istered ag	gent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an offici- the board, or the corporation has been notified in writing of the change.	er so	
U	Janiella Shirley, Secretary ure of an officer cyclinector Printed or typed name and title		_
l hereby accept I further agree t of my duties, an document is bei corporation has	If the appointment as registered agent and agree to act in this capacity.  To comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered age. sing filed merely to reflect a change in the registered office address. I hereby con the provided in writing of this change.	perform nt. Or ij ifirm tha	ance f this t the
Silun	() All (12/2024) Shawn Linan, Assistant Secretary 12/12/2024		
	ghature of Registered Agent Date  chalf of an entity:		
ту	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 (04/13)