## J82624

(Requestor's Name)		
. (Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organing in order to change its registered office or registered.	ized under the laws of the State of Florida
1. The name of the corporation: Home Check System	-
2. The principal office address: 4608 Normandy Dr. Naples, FL 34112	rive
3. The mailing address (if different): PO Box1097 N	aples, FL 34106
4. Date of incorporation/qualification: 08/01/1987	Document number: J823946
5. The name and street address of the current registered as Florida Department of State: (If resigned, enter resigned	gent and registered office on file with the
Roberta A. DeVille	
105 Mandalay Road	
Fort Myers Beach, FL 33931	
6. The name and street address of the new registered agen (if changed):	at (if changed) and /or registered office
Roberta A. DeVille	
14560 Red Fox Run #511 P.O. Box NOT	accentable 200
Naples, FL 34110	28
The street address of its registered office and the street as changed will be identical.  Such change was authorized by resolution duly adopted	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	
Signature of an officer or director	Jerry W. Triplett  Printed or typed name and title
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to refle hereby confirm that the corporation has been notified in	· · · · · · · · · · · · · · · · · · ·
RdVille	Roberta A. DeVille
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FE	E: \$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)

## **COVER LETTER**

TO:

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Amendment Section Division of Corporations

SUBJECT: Home Check Systems, Inc.

Name of Corporation

DOCUMENT NUMBER:

J82624

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberta A. DeVille

Name of Contact Person

Home Check Systems, Inc

Firm/Company

14560 Red Fox Run #511

Address

Naples, FL 34110

City/State and Zip Code

robyndeville@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robyn DeVille

**, 239** 

261-6300

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301