

LO2 000018689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

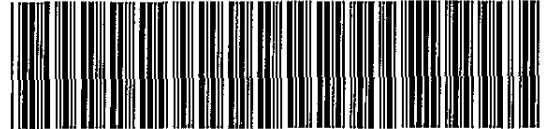
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/28/03 --01001--002 **25.00

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MAR 27 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 27 PM 3:11

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LO2-18689
JH

FLORIDA COMPLIANCE SPECIALISTS, INC.

DAVE TAYLOR, PRESIDENT

2331 Hanson Place
Tallahassee, Florida 32301
Voice: (850) 942-5464 Fax: (850) 942-5111
www.floridacompliance.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 800 Housing net LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in☐ Mail out☒ Pick up time☐ Will wait3/28☐ Photocopy☐ Certified Copy☐ Certificate of StatusRECEIVED
TALLAHASSEE, FLORIDA

JUN 27 PM 1:00

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: 800 Housing Net, LLC
2. The mailing address of the limited liability company is: 333 Executive Court,
Ste. 111 Little Rock, AR 72205
3. Date of filing/registration in Florida 7/22/02
4. Document number L02000018689

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

William B. Stechroth
Name
1204. West Glades Rd.
Address
Boca Raton FL 33432
City, State and Zip

6. The name and address of the new registered agent and/or office:

Jim Clendenning
Name
1408 N. Westshore Blvd. #116
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33607
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(X) Matthew Ap Warner
(Signature of a member or authorized representative of a member)

Matthew Warner
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DATE: 07/27 PM 1:07

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