L63000037805

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T. HAMPTON NOV 2 4 2008

EXAMINER

COVER LETTER

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TO: Registration Division o	n Section f Corporations	
SUBJECT: MY	HOUSE, LLC (Name of Lin	nited Liability Company)
Dear Sir or Madar	n:	
The enclosed Regi	stered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this r	matter to the following:
JOHN P. COLLINS,	JR., ESQUIRE (Name of Person)	
JOHN P. COLLINS,	P.A. (Firm/Company)	_
59 Lake Morton Driv	/e (Address)	· ·
Lakeland, Florida 3	3801 (City/State and Zip Code)	
For further inform	ation concerning this matter, ple	ease call:
Michelle L. Kaye	at (863) 682-8282
(Na	ame of Person)	(Area Code & Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed	is a check for the following am	iount:
☑ \$25 Fili	ng Fee	☐ \$55 Filing Fee & Certified Copy

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.

-y	
1. Name of the limited liability company: MY HOUSE	E, LLC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	ay: 3351 TIMUCUA CIRCLE ORLANDO, FL 32837
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3351 TIMUCUA CIRCLE ORLANDO, FL 32837
SEPTEMBER 30, 2003 3. Date of filing/registration in Florida	L03000037805 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	JOHN P. COLLINS, JR.
Registered Office Address:	59 Lake Morton Drive Lakeland, Florida 33801
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	ESMOND A. GROSZ, III
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3351 TIMUCUA CIRCLE ORLANDO, FL 32837 ,FL
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member of authorized representative of a member) ESMOND A! GROSZ, III (Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the fimited liability company has been notified (Signature of Registered Agent)	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I nay registered agent as provided for in Chapter 608, echange in the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the series of the limited o

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

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