(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT · MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100074435901

05/15/06--01030--044 \*\*25.00

## **COVER LETTER**

Division of Corporations	
SUBJECT: <u>Americas Home</u> (Name of	Search, UC f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Marvin Slovacek (Name of Person)	
Americas Home Search (Firm/Company)	<u>1</u>
735 Arlington Ave. N	., Suite 214
St. Peters burg, FL 3370 (Oity/State and Zip Code)	<u> </u>
For further information concerning this ma	atter, please call:
Gory R. Schmeichel (Name of Person)	at ( <u>941</u> ) <u>545 · 3344</u> (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ring amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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.

agoin, or oon, in the state of Frontain.		
1. The name of the limited liability company is: Americas Home Search, (	<u>(C</u>	·
2. The mailing address of the limited liability company is: 735 Arlington Ave.	N.	<i></i> .
Suite 214 St. Petersburg, FL 33701		
8/1/04  3. Date of filing/registration in Florida		<del></del>
5. The name of the registered agent and the registered office address as shown on the records Florida Department of State:	of th	e
Gloria Thomas Name		
18071 Slater Rd. Address	90	SI SI
North Ft. Myers, FL 33917 City, State and Zip	06 MAY	SION O
6. The name and address of the new registered agent and/or office:	15 PH	ARY OF F CORP
Marvin Slovacek	91:14	Y OF STATE CORPORATIONS
735 Arlington Ave North	ţ,	ONS
Florida street address (P.O. Box NOT acceptable)		
St. Petersburg, FL 33701  City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the register and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affirm of the members of the limited liability company or as otherwise provided in the articles of or the operating agreement of the limited liability company.	red of	Tice
(Signature of a member or authorized representative of a member)		
Jeff Moan (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this capacity. I furt comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as providing the Chapter 608, F.S. Qr. if this document is being filed to merely reflect a change in the registeral address, I hereby confirm that the limited liability company has been notified in writing of the (Signature of Registered/Agent)	her an my å ided f ered o is chi	gree to luties, or in office inge.

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