L05000008113

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SECRETARY OF STATE DIVISION OF CORPORATIO

T. HAMPTON

JAN 2 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: AMURICAN HOME Protection LLC (Name of 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 this matter to the following:			
Olag Koltunov (Name of Person)			
(Firm/Company)			
301 W. Dlatt St. #229			
Tampa F2 33600 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Olog Koltunov at (813) 340-5595 (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 following amount:			
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy			



RECEIVED

09 JAN 21 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 22, 2008

OLEG KOLTUNOV 301 W PLATT ST # 229 TAMPA, FL 33606

SUBJECT: AMERICAN HOME PROTECTION, LLC.

Ref. Number: L05000008113

We have received your document for AMERICAN HOME PROTECTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 308A00061241

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Division of Corporations, D.O. POV 6297 Tallahassas, Florida 22214

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.

4	م بر مستومه کند از بروه	
1. Name of the limited liability company: AMERIC	CAN HOME PROTECTION, UC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 301 W. Platt St. #229	
(Note: MUST BE STREET ADDRESS)	tampa, Fr. 33606	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	sami	
1/24/05	L05 00000 8/13	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Agent:	F&L COrp	
Registered Office Address:	one indepdent Drive, suite 1300	
	Jacksonville, FL 32202	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:	
NEW Registered Agent:	MICHAEL J. GUJU	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	31564 US 19 NORTH	
(MUSI BE PLOKIDA SIREEI ADDRESS)	DALM HARBOK ,FL 34694	
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company. (Signature of a member or authorized representative of a member)	ne laws of the State of Florida, it is hereby confirmed reet address of the registered office and the business e case of a Florida limited liability company, it is d by an affirmative vote of the members of the limited s of organization or the operating agreement of the	
Oleg Kottunov (Printed or typed name of signee)		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positi F.S. Or, if this document is being filed to merely reflect confirm that the limited liability polypany has been notif (Signature of Registered Agent)	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I ton as registered agent as provided for in Chapter 608, a change in the registered office address hereby fied in writing of this change.	
Division of Corporations, P.O. B	ox 6327. Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)