

LOS000067972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2008 OCT 20 A 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 21 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Homestead Protection Services, 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:

Derrick Mims  
(Name of Person)

Homestead Protection Services, LLC  
(Firm/Company)

151 Southhall Lane, Suite 210  
(Address)

Maitland, FL 32751  
(City/State and Zip Code)

For further information concerning this matter, please call:

Derrick Mims at ( 407 ) 478-8677  
(Name of Person) (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

☐ \$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.*

1. Name of the limited liability company: Homestead Protection Services, LLC

2. (a) Principal office address of limited liability company: 151 Southhall Lane, Suite 210  
(Note: **MUST BE STREET ADDRESS**) Maitland, FL 32751

(b) Mailing address of limited liability company: Same as above  
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida \_\_\_\_\_  
4. Document number L05000067972

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Samuel J. Butler

Registered Office Address: 5677 Berwood Dr.  
Orlando, FL 32810

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Derrick Mims

**NEW** Registered Office Address: 151 Southhall Lane  
(**MUST BE FLORIDA STREET ADDRESS**) Suite 210  
Maitland, FL 32751

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.

[Signature]  
(Signature of a member or authorized representative of a member)

Derrick Mims

(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 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

FILING FEE: \$25.00

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