## · L05000087572

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2006

MICHAEL S. HAGEN P.O. BOX 07463 FORT MYERS, FL 33919

SUBJECT: METRO HOME WATCH, LLC

Ref. Number: L05000087572

We have received your document for METRO HOME WATCH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was completed.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6067.

Letter Number: 506A00067565

Neysa Culligan Document Specialist

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

Pursuant to the provisions of sections liability company submits the following agent, or both, in the State of Florida.	s 608.416 or 608.508, Florida Statutes, the g statement in order to change its registere	e undersigned limited and office or registered	
1. The name of the limited liability con		·	
2. The mailing address of the limited li	ability company is : 12715 Aston Oaks Drive,	Fort Myers, FLorida 33912	
September 6, 2005	L05000087572	·	
3. Date of filing/registration in Florida	4. Document number	4. Document number	
Florida Department of State:	the registered office address as shown on th	e records of the	
Michael S			
6385 Drae	Name Idential Court, Suite # 202	75 <b>0</b>	
0303 [168]	Address	OS D SECO	
Fort Myers	s, Florida 33919	DEC CRE'	
1011117010	City, State and Zip	FIL FIL	
6. The name and address of the new reg	gistered agent and/or office:	PH PH	
Michael S. Hagen		2: 09 STATE	
	Name		
	dential Court, Suite # 108	<b>→</b> (''	
Florida stre	et address (P.O. Box NOT acceptable)		
Fort Myers			
	City, State and Zip		
confirmed that after the change or chan and the business office of the registered liability company, it is hereby confirme	chal Holan Allona!	ne registered office Florida limited an affirmative vote	
(Printed or typed name of signee)	HAR HAGEN		
* *	vistanad agant and agree to get in this cance	its. I fimther never to	
comply with the provisions of all status and I am familiar with and accept the o Chapter 608, F.S. Or, if this document address I heraby confirm/that the limit	vistered agent and agree to act in this capact es relative to the proper and complete perfor obligations of my position as registered agen is being filed to merely reflect a change in t ed liability company has been notified in wr	ny. I juriner agree to rmance of my duties, it as provided for in he registered office iting of this change.	

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

FILING FEE: \$25.00