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SECRETARY OF STATE DIVISION OF CHESOPATIONS



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NEW AGE HOM (Name of Lin	<u>ME INSPECTIONS</u> mited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted t	for filing.
Please return all correspondence concerning the	nis matter to the following:	
Richard P. Hack ws (Name of Person)		
NEW ACE HOME T. (Firm/Company)		DIVISION OF THE
114. 6.0. BOX 1848 - ARC, (Address)	50 NE 110 AVE HAR, FL 32618	ე "<
BROWSON FL 32621 (City/State and Zip Code)		OF STATE DEPORATIONS PH 4: 23
For further information concerning this matter	r, please call:	
(Name of Person)	at (<u>352</u>) <u>486 - 8167</u> (Area Code & Daytime To	elephone 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 C	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. The name of the limited liability company is: NEW AGE HOME	IN SPECTIO
2. The mailing address of the limited liability company is:	<i>18</i>
BRONSON FL 32621 - 11450 NE 110 AVE AM	ICHER FL.
BROWSON FL 32621 - 11450 NE 100 A-E AM APPIL 17 2006 3. Date of filing/registration in Florida 4. Document number	32618
5. The name of the registered agent and the registered office address as shown on the rec Florida Department of State:	
<u>B 2 2 F 2 C IN G</u> Name	•
1203 GOUERNOGA SABLUV SULTE 101 Address	·
TA LL A H A SSEE /FL 3230/-2960 City, State and Zip	_
6. The name and address of the new registered agent and/or office:	SEC DIVISIO 2006 F
Richard B. Hopkins Name	SECRETAR HVISION OF
11450 NE 110 AVE	2 -< 147
Florida street address (P.O. Box NOT acceptable)	PA SI
RADISON FI 326/8	STATE PATIONS 4: 23
BROWSON FL 326/8 City, State and Zip	చ క ్ష
If the limited liability company is not organized under the laws of the State of Florida, it confirmed that after the change or changes are made, the Florida street address of the reg and the business office of the registered agent will be identical. Or, in the case of a Floriliability company, it is hereby confirmed that the change(s) was/were authorized by an at of the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company. Bullet B. Walls (Signature of a member or authorized representative of a member)	istered office
(Signature of a member or authorized representative of a member)	
Richard P. Hopkins (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performant and I am familiar with and accept the obligations of my position as registered agent as p Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the readdress, I hereby confirm that the limited liability company has been notified in writing to	further agree to ce of my duties, provided for in gistered office of this change.
Richard P. Zenins (Signature of Registered Agent)	

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