L05000/23685

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(20011000 211111), 1411110,		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



100146744271

03/25/09--01014--017 **25.00

09 MAR 25 AM II: 07
SECRETARY OF STATE

J. BRYAN

MAR 2 6 2009

EXAMINER

COVER LETTER

Please return all correspondence concerning this r	natter to the following:	
Laurence A. Drews (Name of Person)		
Pinellas Homesavers LLC (Firm/Company)	-	"HV7116.
5306 974 Am S		SSEE. FL
Galfport, Fl 33707 (City/State and Zip Code)		TATE ORIDA
For further information concerning this matter, plo	ease call:	
Laurence A. Drews at (Name of Person)	7271715-0788	
(Name of Person)	(Area Code & Daytime Telephone Nur	nber)
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 am	ount:	
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

TO: Registration Section

Dear Sir or Madam:

. Division of Corporations

SUBJECT: Pinellus Home Savers LLC
(Name of Limited Liability Company)

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

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

Pursuant to the provisions of sections 608.416 or 608.5 company submits the following statement in order to chain the State of Florida.	
1. Name of the limited liability company: Pinella	s Homesavers LLC
2. (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6600 7th Street S 54. Petersburg, Fc 3378
12/29/06- 3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State
Registered Agent:	Laurence A. Drews
Registered Office Address:	54. Petersburg, FL 33705
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:
NEW Registered Agent:	Laurence A. Drews
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Sulfport FL 33707
If the limited liability company is not organized under the	′/

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 of a member or authorized representative of a member)

Laurence A. Drec

(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 for in Chapter 608, F.S. Or of 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 of Registered Agent)