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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: UNITED CORPORATE SERVICES, INC.

Account Number : I20140000108

Phone Fax Number : (914)949-9188 : (914)949-9618

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## REGISTERED AGENT CHANGE FLORIDA HOME CAIR, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 unge is submitted for a corporation orga er to change its registered office or regis	nized under the laws of the State of Flo	rida
	the corporation: FLORIDA HOME CAIR	_	
2. The principal	office address: 220 W GERMANTOWN	PK #250 PLYMOUTH MEETING PA 19	9462
3. The mailing a	address (if different):		<del></del>
4. Date of incorp	poration/qualification: 7/31/1989	Document number: L05951	
	d street address of the current registered rtment of State: (If resigned, enter resign		the
	Joseph P Russell		
	3325 Bartlett Blvd		
	Orlando, FL 32811		
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or registered office	
	United Corporate Services, Inc.		72 OC
	3458 Lakeshore Drive		# 1
		ox NOT acceptable	2022 OCT 13 AM 10:001
	Tallahassee, FL 32312		
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its re	egistered agent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been n	ed by its board of directors or by an off otified in writing of the change.	icer so
/s/Diane Sie	egel	Diane Siegel Sr. Director	
I hereby accept I further agree to of my duties, and document is bei	the appointment as registered agent a the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ob- ing filed merely to reflect a change in to s been notified in writing of this change	tutes relative to the proper and compli ligation of my position as registered a he registered office address, I hereby o	ete performance gent. Or, if this confirm that the
/s/Michael A.	Barr	10/13/2022	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
United Corpora	ate Services, Inc.		
T	yped or Printed Name	TT	
	*** ***********************************	CC. 635 AA * * *	

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