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SECRETARY OF STATE AS SECRETARY OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Holmes Financial Service (Name of L	ces, LLC .imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Jinky Diaz	
(Name of Person)	
Holmes Financial Services, LLC (Firm/Company)	7 SEP 1
16850 S Highway 441 Ste 304	OT SEP 12 AM 11: 46
Summerfield Fl 34491-8657 (City/State and Zip Code)	
For further information concerning this matter	er, please call:
Jinky Diaz	at (561) 414-1546
(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 followin	g amount:
 ▼ \$25 Filling Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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.
The name of the limited liability company is: Holmes Financial Services, LLC
2. The mailing address of the limited liability company is : 16850 S Highway 441 Ste 304
Summerfield FI 34491-8657
1/23/2006 L06000007733
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Jinky Diaz Name
16850 S Highway 441 Ste 304 1085 NW 18th AVE. Address Summerfield Fl 34491 8657 Boca Raton, FL 33486 City, State and Zip
6. The name and address of the new registered agent and/or office:
Jinky Diaz
Florida street address (P.O. Box NOT acceptable)
Summerfield FL 34491 City, State and Zip
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 member a authorized representative of a member)
Ainky Diaz (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, 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 of Registered/Agerit) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (8/05)