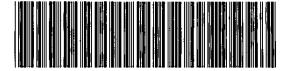
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(Requestor's Name)					
(Address)					
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☐ WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certificates	s of Status				
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations					
SHBJE	Fountain Homes Real Estate	Fountain Homes Real Estate, LLC				
SUBJECT: Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the f	following:			
Andre	ew Szymanski					
	Name of Person		_			
Fount	tain Homes Real Estate, LLC					
	Firm/Company		_			
3639	Briar Run Dr					
	Address		utere.			
Clerm	nont, Florida 34711					
	City/State and Zip Code		_			
andy.	szymanski@hotmail.com					
E	-mail address: (to be used for future annu	ual report notifi	cation)			
For fur	ther information concerning this matter,	please call:				
Andre	ew Szymanski	407 at (574-2042			
	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 3231		sistration Section ision of Corporations . Box 6327			
Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
INHS18	8 (2/14)					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	Name of the limited liability company: Fountain Ho	omes Re	eal Estate. i	LLC	
2. (a	3639 Briar Run Dr		(b) 3639 Briar Run Dr		
_, (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· / 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Clermont, Florida 34711		Clermon	t, Florida 34711	
	03/20/2006		L0600003	30681	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	a) Andrew Szymanski				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 4841 Cape Hatteras Dr Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Clermont	FL	4	7 五	
	Enter name of NEW Registered Agent and/or NEW Register NEW Registered Office Address:	ed Office a	ddress:	15 TH	
	3639 Briar Run Dr			- E	
		FL_3471	1		
the cagent agent was/	e limited liability company is not organized under the hange or changes are made, the Florida street address t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the	of the reg liability s of the li	gistered office company, it is mited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
	40 M	Ar	ndrew Szym	nanski	
	nature of a member or authorized representative of a member			Printed or typed name of signee	
provi the o to me	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provierely reflect a change in the registered office address, led in writing of this change.	igree to a te perfort ded for in I hereby	ct in this cape mance of my e Chapter 605 confirm that i	acity. I further agree to comply with the futies, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been	
Signa	ture of Registered Agent				
	Division of Corporations ◆ P.O). Box 63:	27∙ Tallahas:	see, FL 32314	

FILING FEE: \$25.00