

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000040080

Entity Name: HOME PLUS LLC

FILED
May 22, 2009
Secretary of State

Current Principal Place of Business:

14 12TH STREET
B
ST AUGUSTINE, FL 32080

Current Mailing Address:

PO BOX 3384
ST AUGUSTINE, FL 32085

New Principal Place of Business:

1551 EL CAMINO ROAD
1
JACKSONVILLE, FL 32216

New Mailing Address:

1551 EL CAMINO ROAD
1
JACKSONVILLE, FL 32216

FEI Number: 20-4717214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TRIPP, DESTRY A
14 12TH STREET
B
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

TRIPP, DESTRY A
1551 EL CAMINO ROAD
1
JACKSONVILLE, FL 32216 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DESTRY TRIPP

05/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRIPP, DESTRY A
Address: 14 12TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRIPP, DESTRY A
Address: 1551-1 EL CAMINO ROAD
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DESTRY TRIPP

MGR

05/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date