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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : THE FLORIDA COMPANY

Account Number : I20060000001 Phone : (608)827-5300 Fax Number : (608)824-0405 Som

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GIVISION OF CORPORATION

REGISTERED AGENT CHANGE

ROLLING HILLS HOME INSPECTIONS SERVICES LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

O6 OCT 30 AM IO: P

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.

,	-		
1. The name of the lim	nited liability company is:	ROLLING HILLS HOME INSPECTIO	INS SERVICES LLC
2. The mailing address	s of the limited liability con	mpany is :	*
12212 LAKE VALLEY C	OR. CLERMONT FL 34711		
6/6/2006		L06000038044	
3. Date of filing/regist	ration in Florida	4. Document number	er i
5. The name of the regi	istered agent and the regist of State:	ered office address as shown on t	he records of the
	THE FLORIDA INCORP	ORATING COMPANY	
	1203 GOVERNORS SQU	Name JARE, STE. 101	
		Address	
	Tallahassee, Fi 32:	301	F., 0
	City,	State and Zip	1, EC (
6. The name and addre	ss of the new registered ag	ent and/or office:	O6 OCT 30 SECRETAK ALLAHASS
	Business Filings	heomoraæd	SSE SO
	N 1203 Governors	lame Square, Ste. 101	AM 10: 20 OF STATI
	Florida stroct address	(P.O. Box NOT acceptable)	IO: 26 STATE LORID
	Tailahassee	FL 3230!	Ď, T
		ate and Zip	
confirmed that after the and the business office liability company, it is the members of the lim the operating agreemen (Signature of a member or authors)	e change or changes are material of the registered agent will hereby confirmed that the clited liability company or at the limited liability conformation of the limited liability conformation of a member of a m	· · ·	he registered office Florida limited an affirmative vote of
	ald M. Har	and.	,
(Printed or typed name of sign			
comply with the provision and I am familiar with a Chapter 608, I. S. Or, is address, I hereby confirm	ons of all statutes relative and accept the obligations of this document is heirns firm that the limited liability	ent and agree to act in this capac- tio the proper and complete perfo- of my position as registered aver- led to merely reflect a change in to company has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.
Organic Of Registered 455	ion of Corporations, F.O	Mark Schiff AVP Box 6327, Takanassee, FL 32	314
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