L0600011762

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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J. Shrivers FEB 1 7 2014

COVER LETTER

TO: Registration Section Division of Corporations			
•	01.		
SUBJECT: Home Finders of St. V	etersburg,		
SUBJECT: Home Finders of ST. Williams Name of Limited Liability Company	U		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Person			
Name of Person			
Home finders of St. Petersbury			
Firm/Company			
We will be all			
146 14 th Sue N.			
7.000			
St. Rete, fc 33701			
City/State and Zip Code			
bryant j+@ amail. Can E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
- 0 $+$ 60 00	0 -442		
Name of Person at (813) 9/2 Area Code & Da	ytime Telephone Number		
	·		
STREET/COURIER ADDRESS: MAILING ADD Registration Section Registration Section			
Division of Corporations Division of Corpo			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Flori	ida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$55 Filing Fee	& Certified Copy		
INHS18 (12/13)			

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

Pursuant to the provisions of sections 605.0114, Florida company submits the following statement in order to chang both, in the State of Florida.	e its registered office or registered agent, or	
1. Name of the limited liability company:	finous of ST. Returbu	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	146 146 Ave N. 3+ Retoburg 180	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
(07	L06000103682	
3. Date of filing/registration in Florida 4	. Document number	
5. (a) Registered Agent and Registered Office shown on the	e records of the Florida Dept. of State:	
Registered Agent:	7.m Bryant 146 14th Dec N	
Registered Office Address:	146 14th Dec N.	
	37. Parosours, &C.	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	Registered Office address: Renel Bryant 146 146 Ave. N.	
(MUST BE FLORIDA STREET ADDRESS)	5T. Pet ,FL 33701	
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 a member or authorized representative of a member 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 045, 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 Agent		
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314	
FILING FEE: \$25.00		

INHS18 (12/13)