## L07000009281

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SECRETARY OF STATE SECRETARY OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Home Owner Solutions, LL (Name of	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Kenneth W. Brown	·		
(Name of Person)			
Home Owner Solutions, LLC (Firm/Company)	OT OCT -1 PH 4: 19		
916 Brentwood Drive	-1 PH 4: 19		
(Address)			
Apopka, Florida 32712	19 10HS		
(City/State and Zip Code)			
For further information concerning this matt	ter, please call:		
Kenneth W. Brown	at ( 321 ) 256-1844		
(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 following	ng amount:		
<b>✓</b> \$25 Filing 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.

1. The name of the limite	d liability company is: 1	Home Owner Solutions	s, LLC	
2. The mailing address of	the limited liability con	pany is : 916 Brent	twood Drive, Apopka,	Florida 32712
January 25, 2007		L07000	0009281	
3. Date of filing/registrati	on in Florida	4. Doc	ument number	
5. The name of the registe Florida Department of S		red office address	as shown on the reco	ords of the
•	Corporation :	Service Compan	у	
	1	Name	<del></del>	-
	1201 Hays Str	*******		07 11 NIO
		ddress		0 SES
Tallahassee, Florida 32301 City, State and Zip				一 弱
	• *	•		一 87
6. The name and address of	if the new registered age	nt and/or office:		2 3 S S S S S S S S S S S S S S S S S S
	Kenneth W. Brown			INISION OF CORPORATIONS OF OCT -1 PH 4: 19
	Name			
		twood Drive		<i>– 0,</i>
	Florida street address (	P.O. Box NOT acc	ceptable)	
	Apopka,	FL 32712		
	City, Sta	te and Zip		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	ange or changes are mad the registered agent will eby confirmed that the c ited liability company of t of the limited liability of	le, the Florida stree be identical. Or, in hange(s) was/were r as otherwise prov	et address of the regi n the case of a Floric	istered office da limited
Kenneth W. Brown				
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm Signature of Registered Agent)		nt and agree to act o the proper and co of my position as re ed to merely reflect company has been	t in this capacity. I f omplete performance egistered agent as pr t a change in the reg notified in writing o	further agree to e of my duties, rovided for in istered office f this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00