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Requestor's Name)
Address)
Address)
City/State/Zip/Phone #)
WAIT MAIL
Business Entity Name)
Document Number)
Certificates of Status
7

Special Instructions to Filing Officer:

L. SELLERS

JAN 28 2008

EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Home Equity of America, LLC (Name of Limited Liability Company)		
(Name o	Thinted Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
SANJAY KHATRI (Name of Person)	<u> </u>	
(Name of Person)		
HOME EQUITY OF AMERICA (Firm/Company)	A, LLC	
1001 N. LAKE DESTINY RD, S. (Address)	WIE 125	
MAITLAND, FL 32751		
MAITLAND, FL 32751 (City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
CAROL HACKETT	at (<u>407</u>) <u>660.44442</u>	
(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 follow	ring amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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 limited liability com	eany is: HOME EQUITY OF AMERICA, LLC
	oility company is : 1001 N . LAKE DESTINY RD,
	· · · · · · · · · · · · · · · · · · ·
SUITE 125, MAITLAI	
4/26/2007 3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and t Florida Department of State:	ne registered office address as shown on the records of the
•	ON SERVICE COMPANY
	Name
- 1201 HH	Address $\frac{78}{28}$
	SEE , FL 32301
	Address SEE , FL 3230 / City, State and Zip tered agent and/or office:
6. The name and address of the new regis	tered agent and/or office:
SA	WAY KHATRI
loo'l Al Lou	City, State and Zip tered agent and/or office: WTAY KHATR Name E DESTMY RD. SUITE 175 address (P.O. Boy NOT acceptable)
Florida street	Name SE DESTINY RD. SUITE 175 address (P.O. Box NOT acceptable)
NIN CAN	/b , FL 3>75/ City, State and Zip
confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed of the members of the limited liability co or the operating agreement of the limited (Signature of a member or authorized representative or	anized under the laws of the State of Florida, it is hereby is are made, the Florida street address of the registered office gent will be identical. Or, in the case of a Florida limited that the change(s) was/were authorized by an affirmative vote impany or as otherwise provided in the articles of organization hability company.
(Printed or typed name of signee)	
(Signature of Registered Agent)	tered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, igations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.
U Division of Corporati	ons, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)