L07000088909

(Requestor's Name)		
(Address)		
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22.17		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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09 JUL -7 PM 2: 35

T. HAMPTON

JUL - 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Florida Home Savers GNUP, LLC Name of Limited Liability Company		
Name of Elimited Diability Company		
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:		
Charles HOOVEr Name of Person		
Florida Home Squers Group, LLC		
10255 SW 30 Struet		
MiCami, FL. 33145 City/State and Zip Code		
Chuckhove yahov. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Witheline C_ at new, 247 9500		
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 amount:		
\$25 Filing Fee & Certified Copy		



RECEIVED

09 JUL -7 PM 4:00

SECRETARY OF STATE TALLAHASSEE. FLORIDA

June 16, 2009

CHARLES HOOVER 10255 SW 30 ST MIAMI, FL 33165

SUBJECT: FLORIDA HOME SAVERS GROUP LLC

Ref. Number: L07000088909

We have received your document for FLORIDA HOME SAVERS GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 009A00020411

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. Name of the limited liability company: Floric	ta Home Savers Group, LLC	
2. (a) Principal office address of limited liability com	pany: Florida Home Sovers 6	
(Note: MUST BE STREET ADDRESS)	1101 SW 122 AVC #207 Miami, FL 33184	
(b) Mailing address of limited liability company:	Florida Home Saverso	
(Note: MAY BE POST OFFICE BOX)	2043 YORK Street Denver, Co, 80205	
08/27/2007	L07000088909	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:	
Registered Agent:	Charles Hoover	
Registered Office Address:	1101 SW 122 AVC # 207 MIGMI, FL. 33184	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: NEW Registered Office Address:	NA	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1101 500 122 AUC #207 Micmi FL 33184	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member of typed name of signee	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered of the pany has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		