Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE THEHOMEIMPROVER, LLC

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|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25,00 |

B. BOSTICK

NOV 9 - 2011

EXAMINER

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.

| I. Na | me of the limited liability company: THEHOMEIM | PROVER, LLC | |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a) | Principal office address of limited liability compa | my: | |
| | (Note: MUST BE STREET ADDRESS) | 1732 SE 47TH TERRACE CAPE CORAL FL 33904 | |
| (b) | Mailing address of limited hability company: | | |
| | (Note: MAY BE POST OFFICE BOX) | | graph of the state |
| 08/29/20 | 008 | (.08000084574 | The second secon |
| 3. Dat | e of filing/registration in Florida | 4. Document number | |
| 5. (a) | Registered Agent and Registered Office shown o | n the records of the Florida I | Dept. of State: |
| | Registered Agent: | SCHROEDER, JUD) | |
| | Registered Office Address: | 1732 SE 47TH TERRACE CAPE CORAL FL 33904 | |
| | | ************************************** | |
| (b) | Enter name of NEW Registered Agent and/or N | EW Registered Office addr | 'ess': |
| | <u>NEW</u> Registered Agent: | C T Corporation System | |
| | NEW Registered Office Address: | 1200 South Pine Island Road | |
| | (MUST BE FLORIDA STREET ADDRESS) | Plantation | ,FL 33324 |
| confirm and the liability of the c | imited liability company is not organized under the ned that after the change or changes are made, the business office of the registered agent will be ide y company, it is hereby confirmed that the changemembers of the limited liability company or as other organizating agreement of the limited liability company of the limited liability company of the limited liability company of a member or authorized representative of a member | Florida street address of the nical. Or, in the case of a F. (s) was/were authorized by a erwise provided in the article | registered office lorida limited n affirmative vote |
| Winted o | Li Schrolder or typed name of signee | , minks | |
| I heret comply and I a Chapte addres: | by accept the appointment as registered agent and rivith the provisions of all standes relative to the provisions of all standes relative to the provision of my familiar with and accept the obligations of my for 808, F.S. Or, if this document is being filed to its, I hereby confirm that the limited liability compact CTC provision System Maia CTS Barbara A. Burk cof Registered Agent Special Assistant Set | agree to act in this capacity, proper and complete perform ossition as registered agent a serely reflect a change in the ny has been notified in writing | . I further agree to ance of my duties, as provided for in registered office ag of this change. |
| oigimuu | Division of Corporations, P.O. Box (| | 4 |

FILING FEE: \$25.00

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