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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

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INHS18 (2/14)

TO: Registration Section Division of Corporations						
SUBJECT: Builders Of America (1100P LLC Name of Limited 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 this matter to the following:						
Asem Othman Name of Person						
Builders Of America CITOUP LLC Firm/Company						
950 Peninsula Corporate circle suite 1010 Address						
Boca Raton, FL 33487 City/State and Zip Code						
Buof America Damail. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Asem Othman at (954) 649-4853 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 \$\simeg\$ S55 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 605.0114 or 605.0116, 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. Na	me of the limited liability company:Builders	s of	Ameri	<u>Ca (1roup L</u> L	-C
2. (a)	950 Peninsula Corporate Circle Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b	M	Peninsua Corpailing address of limited lie (Note: MAY BE POST O	ability company:
	Suite 1010	_	_Suite	1010	
	Boca Poton, FL 33487	_	Boca	Proton, FL 3	33487
	07-31-2009	-	L090	000 74145	<u>) </u>
3.	Date of filing/registration in Florida	4.	I	Document number	
5. (a)	Asem othman				
	Registered Agent and Registered Office shown on the records of th		-		
	450 Peninsula Corporate circ				
	Registered Office Address (MUST BE FLORIDA STREET AI	<u>DDRESS</u>	2		
	Suite 1010			•	e o
	boca haton ,FL	33	487		
(b)	Victor Auuso			(1) (1) (1) (1)	
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office ado	lress:	· 	<u>i. 15.</u>
				- 	6年4世紀
					9
	NEW Registered Office Address:				
			•		
	, FL_	<u> </u>			
the cha agent w was/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of taxill be identical. Or, in the case of a Florida limited liab- tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li-	he regis sility co the lim	tered office a mpany, it is it ited liability	and the business offic hereby confirmed that company or as otherw	e of the registered the change(s)
_43	emp	A	sem of		
	tire of a member or authorized representative of a member			Printed or typed name of si	
provision the oblination to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided dy reflect a change in the registered office address, I ha I in writing of this change.	e to act erforma for in C ereby co	in this capac ince of my di hapter 605, onfirm that th	city. I further agree to uties, and I am familio F.S. Or, if this docum w limited liability con	o comply with the ir with and accept rent is being filed upany has been

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

Signature of Registered Agent