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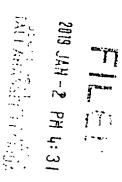
. (F	Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates of	Status			
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 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:			
Name of Person			
Firm/Company			
1514/2 E & Am			
Address	至:	2019	œ
City/State and Zin Code		JAN-2	-
City/State and Zip Code Come (entals 2) gmail. com		PM 4: 3	•
E-mail address: (to be used for future annual report notification)		$\frac{\omega}{-}$	
For further information concerning this matter, please call:	·		
Incidence Pagado at (413) 294-7187			
Name of Person Area Code & Daytime Teleph	one Numb	er Der	
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			

INHS18 (2/14)

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	ame of the limited liability company:	Hom.	5, 1	-L_C		
2. (a)	1514 1/2 & GH AM	(b)		SAME		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0).		Mailing address	of limited liability comp	
	Tampo, TL 33605				····	
						_
	11/10/09			100000	08983	
3.	Date of filing/registration in Florida	4.		Document nu	umber	
5. (a)	Dennis Wanelli	·				
	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of St	tate:		
	1400 (nox) 0021			_		
	Registered Office Address MUST BE FLORIDA STREET	(DDRESS)	•		2019 5.kili	
	TOP			<u> </u>		T
	Tampa FL	3360)2_			7000 LD
(b)	Michael A. Zaritsky				<u></u> P	7 6,14 }
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>135</u> :		တ္တမ် ်း ဥပ ် း ယ	778.
	1112 Cramelside Dr	1#			<u> </u>	
	NEW Registered Office Address:					
	Topled			<u>—-</u>		
		321-0	17			
	- Cante FL		! 4~			
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the register ability comes of the limit	ered offi npany, it ed liabil	ice and the busi t is hereby conf lity company or	iness office of the re firmed that the chan	egistered ge(s)
			\sum_{i}	your to	arog s	, .
I here provisi the obl to mere	time of a manber or authorized representative of a member by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is writing of this change.	<i>performan</i> d for in Ch	nce of m vanter 6	npacity. I furthery duties, and I of 05. F.S. Or. if i	am familiar with an this document is he	id accept ing filed

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

Signature of Registered Agent

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