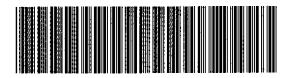
L09000113455

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Emity Hame)						
(5)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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TALEBAHASSEE FLORIDA

28日 JUN 29 門 日 18日

C. LEWIS

JUN 2 2 2011

EXAMINER

COVER LETTER

10:	Division of Corporations					
SUBJI	UBJECT: North Florida Home Inspections LLC Name of Limited Liability Company					
Dear S	Sir or Madam:					
The en	aclosed Registered Agent/Registered	Office Ch	nange	and fee	e(s) are submitted for	filing.
Please	return all correspondence concernin	g this mat	ter to	the fol	lowing:	
	John H Tanner				·	
	Name of Person					
	North Florida Home Inspection Firm/Company	ns LLC		_		
	10993 Raley Creek Dr S Address	3				
 	Jacksonville Florida 3222 City/State and Zip Code	25		_		
E-1	jack@nflhi.com mail address: (to be used for future annual report	t notification)	 .			
For fur	ther information concerning this ma	tter, pleas	e call	:		
	John H Tanner	at (904)	207-8267	
······	Name of Person		· ···	Area Cod	e & Daytime Telephone Nun	iber
	STREET/COURIER ADDRESS:		MA	AILING	ADDRESS:	
	Registration Section				Section	
	Division of Corporations				Corporations	
	Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301). Box 63 lahassee	327 , Florida 32314	
	Enclosed is a check for the follow	ing amou	nt:			
ſ	✓ \$25 Filing Fee	Г	¬ \$5	5 Filina	Fee & Certified Con	v

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: Nor	th Florida Home Inspections LLC					
2. (a) Principal office address of limited liability comp	any: 10993 Raley Creek Dr S					
(Note: MUST BE STREET ADDRESS)	Jacksonville FL 32225					
(b) Mailing address of limited liability company:	10993 Raley Creek Dr S					
(Note: MAY BE POST OFFICE BOX)	Jacksonville FL 32225					
11-25-2009	L09000113455					
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:	John H Tanner					
Registered Office Address:	10993 Raley Creek Dr S					
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:						
NEW Registered Agent:						
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1639 Swimming Salmon Place S					
	Jacksonville ,FL32225					
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member						
John H Tanner						
Printed or typed name of signee						
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change					

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

Signature of Registered Agent