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SECRETARY OF STATE
DIVISION OF CORPORATION

B. KOHR

DEC 1 0 2010

EXAMINER

COVER LETTER

ŤO:	Registration Section	
	Division of Corporations	•
SUBJ	JECT: FIN I	HOME TRUST, LLC
	Name of Li	mited Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning the	nis matter to the following:
	ANNETTE MARTINEZ	10 DEC
** /	Name of Person	-6 JEC -9
	FIN HOME TRUST, LLC	
	Firm/Company	
	2645 Executive Park Drive, Suite	108
	Address	
	Weston, FI 33331	
	City/State and Zip Code	·
E	-mail address: (to be used for future annual report not	ification)
For fu	orther information concerning this matter	, please call:
		at ()
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BQTH 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. FIN HOME TRUST, LLC 1. Name of the limited liability company: 2645 Executive Park Dr., Suite 108 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Weston, Fl 33331 2645 Executive Park Dr, Suite 108 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Weston, FI 33331 01/19/2010 L10000007032 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: Annette Martinez Registered Office Address: 2645 Executive Park Dr. Suite 108 Weston, FI 33331 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: Annette Martinez **NEW** Registered Office Address: 2645 Executive Park Dr. Suite 108 (MUST BE FLORIDA STREET ADDRESS) Weston FL33331 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 of the limited liability company or as of the limited liability company. or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Annette Martinez Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company 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