L10000038124

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zi	p/Phone #)	
PICK-UP W	AIT MAIL	
(Business Er	ntity Name)	
(Document Number)		
(======================================		
Certified Copies Ce	rtificates of Status	
Special Instructions to Filing Officer:		





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W. Culligan OCT 10 2012

COVER LETTER

TO:	Registration Section Division of Corporations		
	Home Connector LLC		
SUBJ	ECT:		
5020		imited Liability Company	
Dear !	Sir or Madam:		
Dour	or Madain.		
The en	nclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	this matter to the following:	
	Javier Correa		
	Name of Person		
	Home Connector LLC		
	Firm/Company		
	2121 SW 3 Ave. Suite 205		
	Address		
	Miami, Florida 33129		
	City/State and Zip Code	 	
E	icorrea@homeconnector.cor mail address: (to be used for future annual report n	n otification)	
For fu	orther information concerning this matter	er, please call:	
	Javier Correa Name of Person	at (
	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:		
INHSI	→	\$55 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 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.

Home Connector LLC

-	
1. Name of the limited liability company:	Home Connector LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	^{y:} 2121 SW 3rd Ave. Suite 205 Miami, FL 33129
	Home Connector LLC
(b) Mailing address of limited liability company:	2121 SW 3rd Ave. Sulte 205-6 Q Miami, FL 33129
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33129 ≥ ⊆
04/08/2010	L10000038124
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	CORREA, JAVIER
Registered Office Address:	1110 Brickell Ave. Suite 800 Miami, FL 33131
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: CORREA, JAVIER
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2121 SW 3rd Ave, Suite 205
	Miami,FL33129
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Florida street address of the registered office
Signature of a member or authorized representative of a member	
SAVIER CORREA 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 prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability comparations of the comparation of the comparati	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ty has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 6	327. Tallahassee, FL 32314

FILING FEE: \$25.00

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