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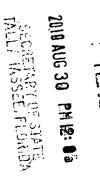
(Ře	equestor's Name)	
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C. LEWIS

AUG 3 1 2010

EXAMINER

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grand with				
COVER LETT	ER			
TO: Registration Section Division of Corporations				
SUBJECT: Sharp Homes Man Name of Limited Liability				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Danielle Sharp. Name of Person				
Sharp Homes Managment.				
Lear Cape Corra o Pkwy E				
Cape Coval FL 33904 City/State and Zip Code				
Sharphonesmanta yaho. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Danielle Sharp at (248)	Area Code & Dayne Telephone Number			
Registration Section Regi Division of Corporations Divis Clifton Building P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee \$55	5 Filing Fee & Certified Copy			
INHS18 (5/08)				

STÂTEMENT 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.

agoin, or oom, in the state of 1 torium.			
1. Name of the limited liability company:	Homes Management.		
2. (a) Principal office address of limited liability company	y:		
(Note: MUST BE STREET ADDRESS)	3934 SE P14 Ave. Cape Co al 12 33904		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	10 Box 100551 Cape Come Fr. 33910 U		
3. Date of filing/registration in Florida	L100000381100		
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:	Danielle + Sharp.		
Registered Office Address:	3934 SE 19th Ave.		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>			
NEW Registered Agent:	Danielle F. Sharp.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Cape Caral PKWy 6.		
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 identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member of authorized representative of a member Printed or typed name of signee	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the praid I am familiar with and accept the obligations of my particle of the company of the company of the company of Registered Agent Signature of Registered Agent	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in early reflect a change in the registered office y has been notified in writing of this change.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 INHS18 (05/08)			
INHS18 (05/08)			