## 410000093423

(Requestor's Name)				
(Address)				
(18.1.2.7)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
JUN 28 2010				
EVARAIR				
EXAMINER				
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Office Use Only



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06/20/11--01027--005 \*\*25.00



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**Division of Corporations** 

June 21, 2011

NATHAN DOYLE 608 DARTMOUTH AVE. MELBOURNE, FL 32901

SUBJECT: FLORIDA HOME SOLUTIONS AND INVESTMENTS, L.L.C.

Ref. Number: L10000093423

We have received your document for FLORIDA HOME SOLUTIONS AND FINVESTMENTS, L.L.C. and your check(s) totaling \$25.00. However, enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 811A00015037

## COVER LETTER

**TO:** Registration Section

Division of	Corporations		
SUBJECT:	Florida Home	Solutions and Investments, LLC	
	Name of	Limited Liability Company	
Dear Sir or Madan	n:		
The enclosed Regi	stered Agent/Registered	Office Change and fee(s) are submitted for	filing.
Please return all co	orrespondence concernin	ng this matter to the following:	
	Name of Person	· <u> </u>	
Florida Home	Solutions and Investi Firm/Company		2011 JUN 27 PH 4: 22
	608 Dartmouth Ave.		JN 27 PH 4: Z
!	Melbourne, FL 32901 City/State and Zip Code	ORIDA	TATE
E-mail address: (to	loylenp@hotmail.com be used for future annual report	t notification)	
For further informa	ation concerning this ma	itter, please call:	
Nat	than Doyle	at ( 321 ) 695-4175	
Nam	e of Person	Area Code & Daytime Telephone Nu	nber
Registration Division of Clifton Buil 2661 Execut	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is	s a check for the follow	ing amount:	
<b>I</b>	1g Fee	\$55 Filing Fee & Certified Cor	ov

## \* 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: Florida	Home Solutions	s and Inves	tments, LLC	
2. (a) Principal office address of limited liability comp	oany:	: 539 Franklyn Ave.		
(Note: MUST BE STREET ADDRESS)	Indialantic, F	L 32903		
(b) Mailing address of limited liability company:	539 Fi	ranklyn Ave.		
(Note: MAY BE POST OFFICE BOX)	Indialantic, F	Indialantic, FL 32903		
08/03/2009	L	_1000009342	23	
3. Date of filing/registration in Florida	4. Document n	umber E	201	
5. (a) Registered Agent and Registered Office shown	on the records of th	ne Florida Pre		
Registered Agent:	Nathan Doyle	e SS		
Registered Office Address:	539 Franklyn Indialantic, Fl	Ave. 10 20 20 20 20 20 20 20 20 20 20 20 20 20	OF STATE	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>I</b>	NEW Registered C	S Office address		
NEW Registered Agent:	Chloe Do	yle		
NEW Registered Office Address:	608 Dartmouth Ave.			
(MUST BE FLORIDA STREET ADDRESS)	Melbourne		,FL <u>32901</u>	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company.	ne Florida street add	lress of the reg	sistered office	
Nieth en Davida				
Nathan Doyle Printed or typed name of signee	<del></del>			
I hereby accept the appointment as registered agent an 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	nd agree to act in the proper and compley position as registe merely reflect a choany has been notifi	nis capacity. I ete performand red agent as p ange in the re ied in writing i	further agree to ce of my duties, provided for in gistered office of this change.	

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