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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
	ida Homeownership Retention, LLC
Nan	ie of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Robert Vitale	
Name of Person	
South Florida Homeownership Firm/Company	Retention, LLC
4337 Sea Grape Di	<u>ive</u>
Lauderdale By The Sea F	L. 33437
RVITALE003@yahoo E-mail address: (to be used for future annual	o.com report notification)
For further information concerning this	s matter, please call:
Robert Vitale Name of Person	at (954) 581 3381 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the fo	llowing amount:
\$25 Filing Fee	\$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.

1. Name of the limited liability company: South Flori	da Homeownership Retention, LLC	
2. (a) Principal office address of limited liability company	631 Anderson Circle #107	
(Note: MUST BE STREET ADDRESS)	Deerfield Beach FL 33441	
(b) Mailing address of limited liability company:	631 Anderson Circle #107	
(Note: MAY BE POST OFFICE BOX)	Deerfield Beach FI 33441	
12/15/2010	L10000128411	
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:	Faust Peter	
Registered Office Address:	631 Anderson Circle # 107 Deerfield Beach FL. 33441	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address NEW Registered Agent: Robert Vitale		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4337 Sea Grape Dr. Sea	
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 Peter Faust 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 statules relative to the proper and complete performance of my duties, and I am family with and accept the obligations of my position as registered agent as provided for in Chapter 608, If.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.		
Signature of Registered Agent		

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