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Florida Department of State

Division of Corporations
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAVESE LAW FIRM - FMY

Account Number : 120060000037 Phone : (239)334-2195

Fax Number : (239)332-2243

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: judy @ Carney properties. com

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LLC REGISTERED AGENT CHANGE PA-FLA HOME INVESTMENTS, LLC

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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: PA-F	<u>LA HOME INVESTMENTS.</u>	TTC	
2. (a) Principal office address of limited liability compa	ny:		<u></u>
(Note: MUST BE STREET ADDRESS)	2710 Del Prado Boulevard, #2 Cape Coral, FL 33904	2-123	MOISIN
(b) Mailing address of limited liability company:	VII.	<u>~</u>	
(Note: MAY BE POST OFFICE BOX)	2710 Del Prado Boulevard, #2 Cape Corel, Fl. 33904	2-123	
February 23, 2011	L11000022781	ထ္	
3. Date of filing/registration in Florida	4. Document number	6	THONS
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of	State:	100
Registered Agent:	FORRESTER, HART, BELISL	E&WH	臣
Registered Office Address:	1429 Colonial Boulevard Suite 201 Fort Myers, FL 33907		_
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:		
NEW Registered Agent:	Louis A. Fiola		
NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS)	2710 Del Prado Boulevard #2-123 Cape Coral ,FL	33904	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the changes of the members of the limited liability company or as other operating agreement of the limited liability company. Signature of a member or authorized representative of a member with the changes of the limited liability company. Printed grouped name of signee	Florida street address of the registere titeal. Or, in the case of a Florida liss) was/were authorized by an affirm erwise provided in the articles of orgy.	ed office mited ative vote ranization	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the practice and implicitly with and accept the obligations of my purpose to the following of the confirmation of the provisions of the provision of t		er agree t ny duties, led for in ed office s change.	to ,
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)