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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: , Registration Section Division of Corporations	
SUBJECT: Home TRUST, LL Name of Limited Lie	حـ ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
ROBERT F. QUINTERO Name of Person	
HOME TRUST, LLC.	
3001 PONCE DE LEON BIUD. Address Conal Gables FL 33131 City/State and Zip Code	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please	
ROBERT F. QUINTERD at (36) Name of Person	Area Code & Daytime Telephone Number
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	t:
\$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:Home	= TRUST, LLC.
2. (a) Principal office address of limited liability company	3001 PONCE DE LEON BIND #124
(Note: MUST BE STREET ADDRESS)	Coral Gobles, PL 33134.
(b) Mailing address of limited liability company:	3001 PONCE DE LEAN BIND #12
(Note: MAY BE POST OFFICE BOX)	Govel Gables, FL33134.
10/10/2010	L 110000 22870
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:	JEANNE A WATT
Registered Office Address:	13170 SW 128 Street - Svitezo3
NEW Registered Agent:	ROBERT F. Quintero. 3001 PONCE DE LEON BIND.
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	SULTE 124 Coral Gabler ,FL 33134.
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 ident liability 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 I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of the complex of the provisions of all statutes relative to the province of the province of the complex of the province o	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization

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

Signature of Registered Agent