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S. WARREN DEC 1 9 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: My Honvitous Acting Libility Company Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Agron M Hams Name of Person		
My Home Town Agency UC Firm/Company		
6785 SW Highway 200, Suite C		
OCALA, FL 34476 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (352) 441-0001 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

L N	lame of the limited liability company: My Home Town Agency 4C
2. (a)	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	5018 Lecanto Hay 5018 Lecanto Hay
	GUENY HIB, FL 34465 Bevery HIIS, FL 3446
_	<u>)-3-12</u> <u>L12000087157</u>
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 Office Address (MUST BE FLORIDA STREET ADDRESS)
	So 18 Le Canto Huy
	Burery Hills in 34465
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Aaron M Harris
	NEW Registered Office Address:
	6785 SW Highway 200-Suite C
	Deala FL 34476
the chagent was/v	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after hange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
Sign	Interpretative of a member Denise M. Voice Printed or typed name of signee
provi. the ol to me	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept sligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been gd in writing of this change.

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

Signature of Registered Agent