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(Re	equestor's Name)				
		_			
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					
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	Office Use Or	nl v *			



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SECRETARY OF STATE TALLAHASSEE.FLORIDA

OCT 0 6 2014 T. CARTER

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COVER LETTER

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TO: , Registration Section Division of Corporations					
SUBJECT: PROMINENT HOMES, LLC Name of Limited Liability 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:					
HANS HSU					
Name of Person					
PROMINÊNT HOMES, LLC					
Firm/Company					
5850 LAKEHURST DR - STE 109.					
Address					
ORLANDO, FL 32819					
City/State and Zip Code					
TIESHIP @ AOL. COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
HANS HSU at (407) 363-9336					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
□ \$25 Filing Fee - □ \$55 Filing Fee & Certified Copy					
INHSI8 (2/14) * ALREADY PAID \$ 35.00					



August 21, 2014

HANS HSU 2ND MAILING PROMINENT HOMES, LLC 200 OLD PALISADE RD - STE. 25C FORT LEE, NJ 07024

SUBJECT: PROMINENT HOMES, LLC

Ref. Number: L12000088451

We have received your document for PROMINENT HOMES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 314A00016866

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.

1. Na	ame of the limited liability company: PROMINE	ENT 1	HOMES, LLC	
	5850 LAKEHURST DR		SAME	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)_	Mailing address of	f limited liability company: E POST OFFICE BOX)
	SUITE 109			
	ORLANDO, FL 32819			
	JULY 6, 2012		L1200008	38451
3.	Date of filing/registration in Florida	4.	Document nu	mber
5. (a)	LINITED STATES CORPORATIO	ON AG.	ENTS,INC.	
, ,	Registered Agent and Registered Office shown on the records of the			
	13302 WINDING DAK COU	RT-S	HITEA	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	*	
				74 AT
	TAMPA ,FL	336	12	ECRE LLAH OCT
(b)	R. RAMJIT			FILE TARY ASSE
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>ss</u> :	7 7 7
	5850 LAKEHURST DR.			POF STATE EE. FLORID, AM 11: 59
	NEW Registered Office Address:			A
	SUITE 109	<u></u>		
	ORLANDO ,FL	3281	9	
the cha agent v was/was/wasthe art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the register bility comp f the limite	red office and the busin pany, it is hereby confined d liability company or a pility company. HANS HS	ness office of the registered rmed that the change(s) as otherwise provided in
Signa	ture of a member or authorized representative of a member	 -	Printed or typed	name of signee
provision the object to met in the notifical income.	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elyreffect it change in the registered office address. I h d in writing of this change	ee to act in performand I for in Cho ereby conf	this capacity. I further se of my duties, and I a upter 605, F.S. Or, if th irm that the limited liat	r agree to comply with the m familiar with and accept iis document is being filed bility company has been