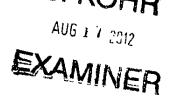
L12000093772

(Re	equestor's Name)	· · · · · ·
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(///	idiess)	
(Address)		
(Ci	ty/State/Zip/Phon	e #)
	C NAVAIT	☐ MAIL
PICK-UP	☐ WAIT	<u></u> ₩AIL
(Business Entity Name)		
(De	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		121
	Office Use O	nlv





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COVER LETTER

TO: Registration Section Division of Corporations			
5CD02C11	U HOMES LLC Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Joshua Post	\$ \frac{1}{2}		
Name of Person			
U Homes LLC	Ę.,		
Firm/Company			
1956 wrenfield lane			
Oviedo, FL 32765 City/State and Zip Code			
Josh P. E. Knights. ucf. ed	u.		
For further information concerning this matter, plea	ase call:		
Joshua Post at	561-809-0796		
Name of Person	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 amo	unt:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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.

- G - · · · · · · · · · · · · · · · · ·		
Name of the limited liability company:		
2. (a) Principal office address of limited liability compa	any:	
(Note: MUST BE STREET ADDRESS)	any: 1956 WRENFIELD LANE OVIEDO FL 32765 US	
(b) Mailing address of limited liability company:	3	
(Note: MAY BE POST OFFICE BOX)	1956 WRENFIELD LANE OVIEDO FL 32765 US	
07/19/2012	L12000093772	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Agent:	UNITED STATES CORPORATION AGENTS, INC	
Registered Office Address:	13302 Winding Oaks Court	
	Tampa, FL 33612	
NEW Registered Agent: NEW Registered Office Address:	InCorp Services, Inc. 17888 67th Court North	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North	
	Loxahatchee ,FL33470	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other operating agreement of the limited liability company.	Florida street address of the registered office	
Signature of a member or authorized representative of a member		
Joshua Post Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my in Chapter 608, S. Or, if this document is being filed to a address, I hereby confirm that the limited liability company to behalf of InCorp Services, Inc.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.	
Signature of Registered Agent		
Division of Cornerations, P.O. Box 6	6327. Tallahassee, FT. 32314	

FILING FEE: \$25.00

INHS18 (05/08)