LIZOM 96-206

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		;			

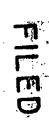
Office Use Only



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SECRETARY OF STATE



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COVER LETTER

TO:	Registration Section Division of Corporations	*,	1,		6	&	,	•		
	%	HOME	RUN II	NSPE	CTIONS	LLC		·	i 🏲	
SUBJ	ECT:	Name	of Limi	ted Lia	bility Con	npany			<u> </u>	-
Dear S	Sir or Madam:									
The er	nclosed Registered Agent/Regist	ered Office	e Chang	e and f	ee(s) are s	ubmitted fo	or filing.			
Please	return all correspondence conce	erning this	matter t	o the fo	ollowing:					
	JOHN SEN	IS								
	Name of Person	on			_					
	HOMERUN INSPE	CTIONS	LLC							
•	Firm/Compan	у			_					
	1960 MARSEILLE DR	IVE, APT	#301				_	<u>.</u>	_	
	Address		·		-		ָרָ יִּ	ALCE SECE	7017 N	-
	MIAMI BEACH, F	L 33141						HAS	HAR 2	r
	City/State and Zip	Code			_		ļ	₹Y 0	20	r
	HOMERUN.INSPECTIO	NS@YAF	100.C	MO				FLOT	A ⇔	Ç
]	E-mail address: (to be used for fi	iture annua	al report	notific	cation)			語	<u> </u>	
For fu	rther information concerning thi	s matter, p	lease ca	11:			•	≯:		
	JOHN SENIS		at (7 86	763	-9764				
	Name of Person	·	- *** \		Area Cod	le & Daytir	ne Telep	ohone	Numbe	er
	Registration SectionRegistration SectionDivision of CorporationsDivision Of CorporationsClifton BuildingP.O.		istration S ision of Co . Box 6327	orporations						
	Enclosed is a check for the f	ollowing a	mount:							
	☑ \$25 Filing Fee			□ \$55	5 Filing Fe	e & Certifi	ied Copy	,		
INHSI	8 (2/14)									

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.

	the limited liability company: 1960 MARSEILLE DRIVE, APT #301 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIAMI BEACH, FL 33141 07/25/2012	_ (b) _	1960 MARSEILLE DR Mailing address of limited (Note: MAY BE POST MIAMI BEACH	d liability company: TOFFICE BOX)
	(Note: MUST BE STREET ADDRESS) MIAMI BEACH, FL 33141	_ (0) _	(Note: MAY BE POST	T OFFICE BOX)
			MIAMI BEACH	I, FL 33141
	07/25/2012			
			L12000096206	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	JOHN SENIS			
Registe	ered Agent and Registered Office shown on the records of th	ne Florida De	pt. of State:	
	HOMERUN INSPECTIONS	LLC		
Regist	ered Office Address (MUST BE FLORIDA STREET A	DDRESS)	······································	برينو بريد
	1960 MARSEILLE DRIVE, APT	#301	Žs ≌	And the second s
	MIAMI BEACH , FL	33141	2017 MAR SECRETA	7
(b)	JOHN SENIS		1 20 TARY I ASSEE	
Enter r	name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addres		
	HOMERUN INSPECTIONS LLC	0	ORD SE	
NEW	Registered Office Address:		, many to the second	, and the same of
	5601 COLLINS AVENUE, SUITE	#512A	**************************************	
	MIAMI BEACH	33140		
the change or agent will be was/were aut the articles o	liability company is not organized under the law changes are made, the Florida street address of identical. Or, in the case of a Florida limited lia horized by an affirmative vote of the members of organization or the operating agreement of the law member or authorized representative of a member	the register bility comp I the limite	ed office and the business of pany, it is hereby confirmed to d liability company or as other	ffice of the registered that the change(s) erwise provided in
		aa to oot in	71	- 6
nereny acc provisions of the obligation to merely refunctified in wi	ept the appointment us registered agent and agre If statutes relative to the proper and complete p is of my position as registered agent as provided lect a change in the registered office address, I h riting of this change	ze to act in performand I for in Cha ereby conf	this capacity. I jurther agreve of my duties, and I am fam per 605, F.S. Or, if this docing that the limited liability of the control of the limited liability of the li	e to comply with the iliar with and accept cument is being filed company has been
Signature of Re	rejetored Afont			

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