## L13000004633

<u> </u>					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					





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S. WARREN JUL 1 2 2017



June 23, 2017

WAYNE GEBHARDT 400 SW CAMDEN AVE, UNIT 1 STUART, FL 34994

SUBJECT: HOMESAVER REAL ESTATE, LLC

Ref. Number: L13000004633

We have received your document for HOMESAVER REAL ESTATE, 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):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 817A00012754

## COVER LETTER

Division of Corporations
SUBJECT: Home Saver Real Estate LLC 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:
Wayre Gebrardt Name of Person
Homesaver head Estate LLC Firm/Company
400 SW Camplen Ace Unit 1
Slexist Fl 34994 City/State and Zip Code
Wayne & Homesave crealestate. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wayre Gethur at (602) 793-5898  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
□ \$25 Filing Fee   □ \$55 Filing Fee & Certified Copy

INHS18 (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,

1 100 tttt.				
1. Name of the limited liability company:	tonesover	- Real	Estate	LLC
2. (a) 400 SW Garnisen Avel	<u>Unit 2</u> (b)			
Principal office address of limited liability c (Note: MUST BE STREET ADDRE			ng address of limited l ote: MAYBE POST (	
Struct FL 34994	<del></del> .	\ <u></u>		
31000 T > 21 (1)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
·		<del></del>		
January 9 2013		L1300	00004633	, >
Date of filing/registration in Flori	da 4.		cument number	
5. (a) (Dayne Gebhard+	_			
Registered Agent and Registered Office shown on the				
	Unit 1 3	340 SE	KOZUZ (H	( _
Registered Office Address (MUST BE FLORIE	<u> 94 STREET ADDRESS)</u>			
Start		<i>C.C.</i>		
	, FL_ <u>349</u>	44	<u></u>	17
(b) Wayne Gebrar	cd1		\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	FIL-5
Enter name of NEW Registered Agent and/or NEV		ress:		FILED
	ν.(	( * 1 .	77.	PH (S)
<u>400 SW Cande</u> NEW Registered Office Address:	in ANY	1014	51	5:
1919 Registered Wille Nations				3
Stuping	FL_349	194		
If the limited liability company is not organized a	nder the laws of the !	State of Florida	a, it is hereby conf	Trined that after
the change or changes are made, the Florida street agent will be identical. Or, in the case of a Florid	raddress of the regist	tered office and	d the business offi	ce of the registered
was/were authorized by an affirmative vote of the the articles of organization or the operating agree	members of the limi	ted liability co	mpany or as other	wise provided in
C'apre Gelhoult	11	1/14/10 /	sharl find of typed name of	
Signature of a member or authorized representative of a me	ember	Prin	nted or typed name of	signee
I hereby actept the appointment as registered ag provisions of all statutes relative to the proper an	ent and agree to act : d complete performa	in this capacity nee of my dufi	c. I further agree . es, and I am famil	to comply with the iar with and accept
provisions of all statutes relative to the proper an the obligations of my position as registered agent to merely reflect a change in the registered office	as provided for in C address, I hereby co	napter 603. F nfirm that the i	8. Or, 11 this docu limited liability co	ment is being filed impany has been
nortfied in writing of this change.				
Signature of Registered Agent				

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