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(311 05 2015 T CANNON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195

REFERENCE: 651-7757 8050239
AUTHORIZATION: Spelle Miles

COST LIMIT : \$ 25.00

ORDER DATE: June 1, 2015

ORDER TIME : 11:23 AM

ORDER NO. : 651775-005

CUSTOMER NO: 8050239

CHANGE OF AGENT

NAME: HOME RENOVATING SYSTEMS LLC

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CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

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.

	3000 S Semoran Blvd., Apt. #8				000 S Semoran Blvd., Apt. # 8		
	Principal office address of him (Note: MUST BE STR			ת	Mailing address of limited (Note: MAY BE POST		-
	Orlando, FL	32822		Orlando,	FL 32822		
	05/28/2015			L1500009	3896		
	Date of filing/registrat	ion in Florida	4,		Document number		
(a)	Sladan Golub						
	Registered Agent and Registered Offic	ce shown on the records	of the Florida [ept. of State	::		
	3000 S Semoran Blvd, Apt. 8						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
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	Orlando	, F	FL <u>32933</u>			σı	LEC
						JUW -4	混剂
	Corporation Service Company					- 	37 5 T
	Enter name of NEW Registered Ager	<u>it and/or NEW Register</u>	ed <u>Office addr</u>	<u>ess:</u>		t.	3
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	1201 Hays Street				•	=	- 0
	NEW Registered Office Address:					44 :11 W	AOIRÍ ATE
	Tallahanna		7 22204				
	Tallahassee	, F	L_32301				
char nt w /wei	mited liability company is not on the first same of the first same of the first same mill be identical. Or, in the case of the open of t	orida street address of a Florida limited vote of the members	of the registe liability con s of the limit	ered office apany, it is ed liability	and the business off hereby confirmed the company or as other	fice of the regi	stered (s)
	6. SLADAN		Slada	n Golub			
	inte of a member or authorized represen				Printed or typed name o	-	
•••				n this can	acity. I further agree	to comply wil	th the
•••	ov accept the appointment as re ons of all statules relative to the gations of my position as regist by reflect a change in the regist inferting of this change.	gistered agent and a proper and comple- tered agent as providered bened as tered office aderess. Lydia Conen Asst. Vice President	gree to act is te performan ded for in Ch I hereby con	nce of my a napter 605 Ifirm that	duties, and I am fami , F.S. Or, if this doc the limited liability c	ument is being company has be	accept z fil e d een

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