115000096093

(Requestor's Name) (Address)	900328430229				
(Address) (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL	U5/U6/1981812831 **≀58.88				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	2019 MAY -6				
Special Instructions to Filing Officer:					
	8: 57				
Office Use Only					

MAY 18 2019 I ALBRITTON

COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJ	Home Opportunity Management LLC Name of Limited Liability Company								
	Nar	ne of Limited	Liability Company						
Dear	Sir or Madam:								
The e	nclosed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.						
Please	e return all correspondence concerning th	is matter to th	e following:						
Dona	ald St John								
	Name of Person								
Strat	edge Inc.								
	Firm/Company								
591	Evernia Street Apt 2518								
	Address								
Wes	t Palm Beach, FL 33401								
	City/State and Zip Code	•							
dstjo	hn@stratedgeinc.com								
	E-mail address: (to be used for future and	nual report not	ification)						
For fu	orther information concerning this matter	, please call:							
Dona	ald St John	561	្ត 818-0991						
	Name of Person	ui (<u></u>	Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R C P	AAILING ADDRESS: Registration Section Division of Corporations O. Box 6327 Fallahassee, Florida 32314						
	Enclosed is a check for the following	amount:							
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy						

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: Home Oppor	tunity	Managem	ent LLC			
2. (a)			(b)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ernia Street Apt 2518			
	1081 Singer Drive		591 Eve				
	Riviera Beach FL 33404	·	West P	alm Beach	FL 3340)1	
	6/2/2015		L150000	96093			
3.	Date of filing/registration in Florida	4.		Document i	number		····
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	— ate:			
	Donald St John						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	SS)				
	1081 Singer Drive						
	Riviera Beach FI	3340	4	_	20	201911AY -6	
	,	<u> </u>			٠	9117	-:-
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_		1	_
	Enter name of NEW Registered Agent and/or NEW Registered	l Office s	ddress:		,		•
	Donald St John					AH 8:	C
	NEW Registered Office Address:				2	2	
	591 Evernia Street Apt 2518	_		_	₩,		
	West Palm Beach , FI	3340	1				
the cha agent was/was/was the art	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reg ability of the li limited	gistered office company, it mited liabili	ce and the bus is hereby con ity company c mpany.	siness offi ifirmed tha	ce of the at the ch	e registered ange(s)
Signa	ture of a member or authorized representative of a member			Printed or typ	oed name of	signee	
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d in writing of this change.	perfor.	mance of mi	duties, and l	am famili	iar with	and accept
Signatu	ire of Registered Agent						