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COVER LETTER

| Division of Corporations USA REAL ESTATE HOMES II, LL SUBJECT: | .C | |
|--|------------------------------------|--|
| | e of Limited Li | ability Company |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Offic | ce Change and (| fee(s) are submitted for filing. |
| Please return all correspondence concerning this | s matter to the f | ollowing: |
| Brandy O'Dell | | |
| Name of Person | | _ |
| KKOS Lawyers | | |
| Firm/Company | | _ |
| 1883 W Royal Hunte Dr. Suite 200 | | |
| Address | | - |
| Cedar City, UT 84720 | | |
| City/State and Zip Code | | _ |
| brandy@kkoslawyers.com | | |
| E-mail address: (to be used for future annu | ual report notific | cation) |
| For further information concerning this matter, | please call: | |
| Brandy O'Dell | 435 at (| 586-9366 Ext 2040 |
| Name of Person | ~~ (| Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following | amount: | |
| ■ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | |

STÂTEMENT 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. N | ame of the limited liability company: USA Real Est | tate Homes II, L | LC |
|---|---|---|--|
| 2. (a) | | (b) _ | |
| (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) : | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | | |
| | | I. | 17000053338 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | | | |
| 2. () | Registered Agent and Registered Office shown on the record | ls of the Florida Do | ept. of State; |
| | | | |
| | Registered Office Address (MUST BE FLORIDA STRE | (ET ADDRESS) | |
| | | | |
| | | T) | |
| | · · · · | , I 12 | 79 |
| (b) | Registered Agent Solutions, Inc. | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u> | ered Office addre | |
| | 155 Office Plaza Dr | | 3 PH +: 22 |
| | NEW Registered Office Address: | | |
| | Suite A | | Mo F |
| | | | 22 |
| | Tallahassee | . FL <u>32301</u> | |
| change agent v was/we the arti | imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membericles of organization or the operating agreement of | the registered of liability compers of the limited liab | office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company. |
| | as Hersler | Ma | rcus Mendez |
| | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| provisi the obl to mer | hy accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change. | lete performanc ided for in Cha | ve of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed |

Signature of Registered Agent

Adam Saldana, Asst. Secretary