

LIEN 0000 5824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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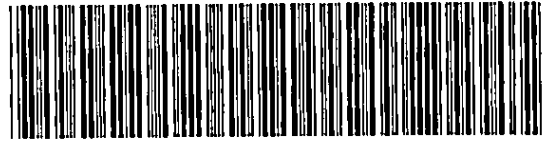
(Business Entity Name)

(Document Number)

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2019 JAN 22 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2019
2:10 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HomePoint Property, LLC
(Name of Limited Liability Company)

2019 JAN 22 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rebecca Chandler Pate

(Contact Person)

HomePoint Property

(Firm/Company)

P.O. Box 11624

(Address)

Naples, FL 34101

(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca Chandler Pate (239) 273-3035

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**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. Name of the limited liability company: HomePoint Property, LLC

2. (a) 3310 Bermuda Isle Cir #229A (b) P.O. Box 11624

Principal office address of limited liability company.

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Naples, FL 34109
FL

Naples, FL 34101
FL

3. January 1, 2018
Date of filing/registration in Florida

4. L18000005824
Document number

5. (a) Rebecca Chandler - Pate
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

P.O. Box 11624, Naples, FL 34101
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

8431 Ibis Cove Cir Naples, FL 34119
NEW Registered Office Address:

FL

2019 JAN 22 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Rebecca Chandler Pate
Signature of a member or authorized representative of a member

Rebecca Chandler Pate
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Rebecca Chandler Pate
Signature of Registered Agent