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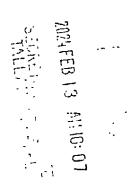
| (Requestor's Name) | | | | | |
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| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---------|--|--------------------|--|------------------|
| SUBJI | HOME VISION BUILDERS LLC | | | |
| | | ıme of Limited L | iability Company | |
| Dear S | ir or Madam: | | | |
| The en | closed Registered Agent/Registered O | ffice Change and | fee(s) are submitted for filing. | |
| Please | return all correspondence concerning t | his matter to the | following: | |
| Andres | w Pierce | | | ~-3 |
| | Name of Person | | | MONTES STATES |
| Cindy's | s Florida LLC | | | |
| | Firm/Company | | | ري |
| 8051 N | I, Tamiami Trail STE E6 | | | |
| | Address | | | |
| Saraso | ta, Florida, 34243 | | | |
| | City/State and Zip Code | | | |
| reports | @cloudpeaklaw.com | | | |
| Ē | -mail address: (to be used for future ar | inual report notif | ication) | |
| For fur | ther information concerning this matte | r, please call: | | |
| Andrev | v Pierce | 307 at (| 683-0983 | |
| | 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 8 Tallahassee, FL 32303 | 310 |
| | Enclosed is a check for the followin | g amount: | | |
| | ■ \$25 Filing Fee | □ s | 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. N | lame of the limited liability company: HOME VISION B | SUILDE | RS LLC | | |
|---|--|---|---|---|--|
| 2. (a) | 8051 N. Tamiami Trail STE E6 | (| (b) 8051 N. Tamiami Trail STE E6 | | |
| (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ` | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Sarasota, Florida, 34243 | _ | Sarasota, F | lorida, 34243 | |
| | 07/31/2019 | _ | L190001954 | 140 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a | Murray, Emerson L, Jr. | | | | |
| J. (u | Registered Agent and Registered Office shown on the records of the Florida Dept. of State 411 Neptune Dr NE | | | _ • | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | APPAFEB 13 | |
| | Palm Bay , FL | 32907 | | - S | |
| (b) | Cindy's Florida LLC | | | 7.4 jn; 0.7 | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office a | ddress: | · — | |
| | 8051 N. Tamiami Trail STE E6 | | | | |
| | NEW Registered Office Address: | | | | |
| | Sarasota , FL | 34243 | | - | |
| chang agent was/v | limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the | register bility c of the lir limited | red office and ompany, it is nited liability liability com | d the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in | |
| C:, | nature of a member or authorized representative of a member | An | drew Pierce | Printed or typed name of signee | |
| I her provi the ot to me notifi | eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I head in writing of this change. | ee to ac perfor n I for in sereby c | t in this capa nance of my a Chapter 605 confirm that t | acity. I further currently with the | |
| Signa | ture of Registered Agent | | | | |