

L19 000251196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

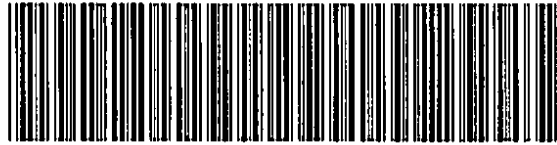
(Business Entity Name)

(Document Number)

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MAR 03 2021

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2021 JAN 26 AM 11:45
SEC. OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Registered Agent Address

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas Dottore

Name of Person

HomeIn Project Administration LLC

Firm/Company

4425 Sheridan Ave.

Address

Cocoa, FL 32926

City/State and Zip Code

sales@homeinnow.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Dottore

Name of Person

321

at (_____) _____

210-0536

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

**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: HomeIn Project Administration LLC
2. (a) HomeIn Project Administration LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
641 Loxley Court
Titusville, FL 32780
10/07/2019
- (b) HomeIn Project Administration LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
641 Loxley Court
Titusville, FL 32780
L19000251196
3. Date of filing/registration in Florida 10/07/2019
4. Document number L19000251196
5. (a) Nicholas Dottore
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3737 N Cocoa Blvd., B, Cocoa, FL 32926
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
3737 N Cocoa Blvd., B
Cocoa, FL 32926
- (b) Nicholas Dottore
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Nicholas Dottore
NEW Registered Office Address:
4425 Sheridan Ave.
Cocoa, FL 32926

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.

Nicholas Dottore
Signature of a member or authorized representative of a member

Nicholas Dottore

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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to 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.

Nicholas Dottore
Signature of Registered Agent