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(Address)					
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C. BRUMBLEY

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		LLiability Company
		. Swonky Company
Dear Si	ir or Madam:	
The end	closed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the	ne following:
	URSULA SOTOMAYOR	
	Name of Person	
	Homes U.S. LLC	
	Firm/Company	
	1 Into Company	
	20131 NW 87 57	
	Address	
Fi	EMBROKE PINES FL 330	29
	City/State and Zip Code	
	homes us it cas a mail con	η
E	homes us i. Lc @ g mail. con-mail address: (to be used for future annual report no	tification)
For furt	ther information concerning this matter, please call:	
	URSULA SOTOMA-LOR all 30	5, 213 1545
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	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

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.

		•••		S		Ź	
		omes l					
2. (a)	20131 NW 8th ST	(b)	Z	0131	Nm 84	4 ST	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(Note:	MAY BE POST		
	PEMBROKE PINES FL 3	3079	PEN	ABROK (E PINES	5 FL 330	O Z
	5-11-2021		<u>ل</u>	21000	020660	1	
3.	Date of filing/registration in Florida	4.		Docum	ent number	<u> </u>	
5. (a)	AGENTS AND CORPORATION	J5 /NC					
	Registered Agent and Registered Office shown on the record.		Dept. of S	tate:			
	539 FIFTH AVENUE SO)UTH					
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDRESS)</u>	•		o:	2	
	SUITE 330				20	021 (
	NAPLES	.FL 33	029		· · ·	7	
		L				ယ်	
(b)	URSULA SOTOMAYOR						
	Enter name of NEW Registered Agent and/or NEW Register	ered Office add	lress:				
	20131 NW 3th ST				<u> مینانید</u>	<u> </u>	
	NEW Registered Office Address:					8	
	PEMBIZOKE PINES	.FL 330	29				
change agent was/w	limited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member	the registered d liability corers of the limi	d office a npany, it ted liabi	and the bus t is hereby lity compa	siness office o confirmed the	of the registered at the change(s	i)
the art	icles of organization or the operating agreement of	the limited lia	•	• •			
Signa	Signature of a member or authorized representative of a member		Printed o	or typed name of	Signee		
I here provis the ob- to mer	by 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. Medo WWWW we of Registered Alient	agree to act i lete performa ided for in Ci s, I hereby coi	in this ca	inacity. Ti	 further agree i	to comply with	the cept îled n

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00