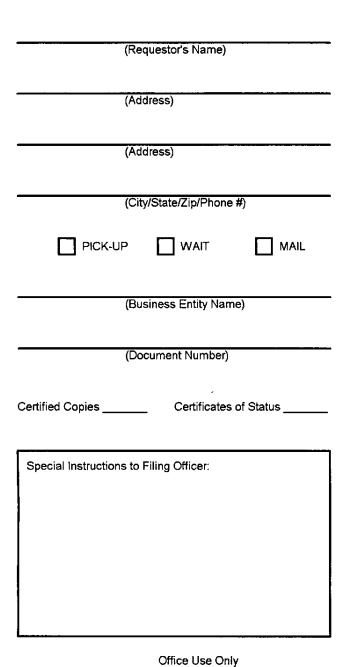
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B. BOSTICK

EXAMINER

DEC 1 6 2013

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HOMES VENTURE, LLC		
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:		
Sandra Bublis Name of Person		
Homes Venture, LLC		
14300 Riva Del Lago Dr. #1102		
Fort Myers FL 33907 Kity/State and Zip Code		
E-mail/address: (to be used for fifture annual report notification) For further information concerning this matter please call:		
For further information concerning this matter, please call:		
Sandra Bublis at 239-246-1542 Name of Person Area Code & Daytime Telephone Number		
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		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified Copy		
OK #1078 12-9-13		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	HOMES VENTURE, LLC
2. (a) Principal office address of limited liability compa	any: 101 CONVENTION CENTER DR
(Note: MUST BE STREET ADDRESS)	STE 700 LAS VEGAS, NV 89109
(b) Mailing address of limited liability company:	101 CONVENTION CENTER DR
(Note: MAY BE POST OFFICE BOX)	STE 700 LAS VEGAS, NV 89109
02/21/2013	M13000001145
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	BUSINESS FILINGS INCORPORATED
Registered Office Address:	515 E Park Ave
	Tallahassee. FL 32301-2960
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address
NEW Registered Agent:	InCorp Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North 💆 🙃
	Loxahatchee ,FL33470
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company or as other company or authorized representative of a member signature of a member si	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote nerwise provided in the articles of organization any.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compo	proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
1/1 M Natalie Bales on heh Signature of Registered Agent	alf of Incorp Services, Inc.

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