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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 DEC 13 PM 4:43  
TALLAHASSEE, FL 32309

B. BOSTICK

DEC 16 2013

EXAMINER

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 Bubliss

Name of Person

Homes Venture, LLC

Firm/Company

14300 Riva Del Lago Dr. #1102

Address

Fort Myers, FL 33907

City/State and Zip Code

spb607@gmail.com

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

For further information concerning this matter, please call:

Sandra Bubliss

Name of Person

at 239-246-1542

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

☐ \$55 Filing Fee & Certified Copy

OK #1078 12-9-13

2018 DEC 13 PM 4:43  
TALLAHASSEE, FLORIDA

**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.*

1. Name of the limited liability company: HOMES VENTURE, LLC

2. (a) Principal office address of limited liability company: 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 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 NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

InCorp Services, Inc.

NEW Registered Office Address:

17888 67th Court North

(MUST BE FLORIDA STREET ADDRESS)

Loxahatchee

FL 33470

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.

✓ Sandra Publis Manager

Signature of a member or authorized representative of a member

Sandra Publis

Printed or typed name of signee

*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 608, 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.*

Natalie Bales on behalf of Incorp Services, Inc.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00