M1700003090

(Ke	equestor's Name)	
(Ad	idress)	
(Address)		
(Cit	ty/State/Zip/Phone #	 ≠)
•	,	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	<u> </u>
(•
(00	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filina Officer:	
	3	

Office Use Only



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SECRETIANT OF STATE
14.1 ATTASSES FE CREE

AUG 11 2018 S. YOUNG

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations			
SUBJECT: HOME PLATE PROPE	RTIES, LL	С	
Na	ne of Limited I	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	Tice Change and	d fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the	following:	•
Ashley Marciel Name of Person			
Name of Person			
Nevada Corporate Headquarters	Inc		
Firm/Company			
i iiib Company			
5605 Riggins Court, Ste. 200			e ALLU
Address			
			-7 -7
Reno, NV 89502		·	inici m
City/State and Zip Code			
			LT 21:15 LT
Amorielaine authoritya	<u> </u>	 .	
E-mail address: (to be used for future ani	nual report notif	fication)	
For further information concerning this matter	, please call:		
	-		
Judi Anguiano	at (800	, 508-1872	
Name of Person	<u> </u>	Area Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS:	M	AILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		O. Box 6327	
2661 Executive Center Circle	Ta	Hahassee, Florida 32314	
Tallahassee, Florida 32301			
Enclosed is a check for the following	(amount:		
	רַן ק	55 Filing Fee & Certified Conv	

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.

. N	ume of the limited liability company: HOME PLA		PROPERTIES, LLC
. (a)		(b))
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	04/05/17	_ ·	M17000003090
	Date of filing/registration in Florida	4.	Document number
. (a)	BUSINESS FILINGS INCORPORATED		
	Registered Agent and Registered Office shown on the records of the S15 E PARK AVE Registered Office Address (MUST BE FLORIDA STREET A.)		<u>-</u>
	TALLAHASSEE .FL	32301	
(b)	Registered Agents Inc.		-7 PP
((/)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	Ires:
	3030 N. Rocky Point Dr.		
	NEW Registered Office Address:	_	
	STE 150A		
	Tampa, FL	33607	7
e cha gent v as/vec e arti Signat herel vovisi e obli- mere utifico	imited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of close of organization or the operating agreement of the liability are of a member or authorized representative of a member ov accept the appointment as registered agent and agreed ons of all statutes relative to the proper and complete properties of a member of a member of a member of all statutes relative to the proper and complete properties of a change in the registered agent as provided in the registered office address. The first printing of this change. Bill Havre — Assistant of Registered Agent	he registe collity con the limit dia limited lia	tered office and the business office of the registere impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in itability company. Printed or typed name of signee in this capacity. I further agree to comply with the time of my duties, and I am familiar with and acceptance of my duties, and I am familiar with and acceptance 605, F.S. Or, if this document is being filed infirm that the limited liability company has been