

N090000001694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

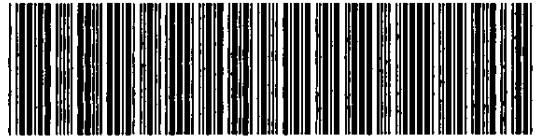
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300171984223

03/23/10--01013--018 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 APR 26 PM 12:31

RA/RO/chg
@ 4.27.10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Home Owner Protection Economics
Name of Corporation

DOCUMENT NUMBER: W09000001694

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Godfrey
Name of Contact Person

Home Owner Protection Economics
Firm/Company

1801 S. Federal Hwy Ste 247
Address

Delray Beach, FL 33483
City/State and Zip Code

Chris @ h-op-e.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Godfrey at (561) 927-7889
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2010

CHRIS GODFREY
HOME OWNER PROTECTION ECONOMICS INC.
936 DOGWOOD DRIVE 2ND MAILING
DELRAY BEACH, FL 33483

SUBJECT: HOME OWNER PROTECTION ECONOMICS INC.
Ref. Number: N09000001694

We have received your document for HOME OWNER PROTECTION ECONOMICS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 610A00007204



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2010

CHRIS GODFREY
HOME OWNER PROTECTION ECONOMICS INC.
1801 S. FEDERAL HWY - STE. 247
DELRAY BEACH, FL 33483

SUBJECT: HOME OWNER PROTECTION ECONOMICS INC.
Ref. Number: N09000001694

We have received your document for HOME OWNER PROTECTION ECONOMICS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 610A00007204

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Home Owner Protection Economics Inc.
2. The principal office address: 1401 S Federal Hwy Ste 247
Delray Beach, FL 33483
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2-21-09 Document number: W09000001694

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Rozier Melza
4447 West Roads Dr
West Palm Beach, FL 3340

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert Feldman
55 NE 5th Ave #500
Boca, FL 33432

P.O. Box NOT acceptable

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 APR 26 PM 12:31

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Chris Godfrey
Signature of an officer or director

Chris Godfrey CEO
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

4-21-10
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***