2 Forida Department of State Division of Dorporation Electronic Filing Cover Sheet

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To:	Division of Corporations		
	Fax Number : (850)617-6380		
**Enter	Account Name : REGISTERED AGE Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 The email address for this busine nnual report mailings. Enter only		2022 HAY 25 PH I2:
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Electronic Filing Menu

Corporate Filing Menu

Help

5/27/22

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

statement of cha	nge is submitted for a corporation orgo	102, 507, 1508, or 617, 1508, Florida Stat unized under the laws of the State of <mark>Flor</mark> stered agent, or both, in the State of Flor	rida
1. The name of t	he corporation: Many Homes free	dom project corp	
2. The principal	office address:		
3. The mailing a	ddress (if different):		
4. Date of incorp	coration/qualification: 03/22/2022	Document number: N2200000)3016
	I street address of the current registered tment of State: (If resigned, enter resig	agent and registered office on file with ned)	the
	PRICE, PATRICK		
	6805 EASTVIEW DR		
	LAKE WORTH, FL 33462		36
6. The name and (if changed):	I street address of the new registered ag	ent (if changed) and /or registered office	2022 HAY 25 Selfic And Selfic
	Northwest Registered Age	ent LLC	25 8877
	7901 4th St N STE 300		PHI
	St. Petersburg FL 33702	Box NOT acceptable	PH12: 17
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its re	egistered agent,
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been t	ed by its board of directors or by an off notified in writing of the change.	ficer so
Patr	ick Price re of an officer or director	Patrick Price, Director	
I hereby accept I further agree of my duties, an document is bei		and agree to act in this capacity, atutes relative to the proper and comple bligation of my position as registered a the registered office address. I hereby b	ete performance gent. Or, if this confirm that the
Ton Gl	me_	5/18/22	
Sig	nature of Registered Agent	Date	
	half of an entity:		
Tom Glove	Pyped or Printed Name		
•		EE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)