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lectronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Conporations
Fax Number : (850)617-6380

From:

Account Name : IACORP SERVICES INC Account Number : I28120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

documents@incorp.com

REGISTERED AGENT CHANGE EVERYBODY'S HOME INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: EVERYBODY'S HOME INC. Name of Corporation	s		
DOCUMENT NUMBER: N24000003249	·····		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for	or filing.		
Please return all correspondence concerning this matter to the following:			
Melanie Galero			
Name of Contact Person		20	
InCorp Services, Inc.	ا <u></u> ؛ <u>:</u> :	2024 JUL 30 NM 9: 1	•
Firm/Company	- +		
9107 West Russell Road Suite 100		زع	
Address		<u> </u>	•
Las Vegas, NV 89148-1233		\equiv	
City/State and Zip Code	•	ب	
documents@incorp.com	1 ••	- 5	
E-mail address: (to be used for future annual report notification)	······	_	
For further information concerning this matter, please call:			
Melanie Galero on behalf of InCorp Services, Inc. at 800-246-2677			
Name of Contact Person Area Code & Daytime To	:lephone N	uniber	
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (01/13)

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

	r to change its registered the corporation:		d agent, or both, in the Sta.	te of Florida.
	office address: 7777 GI			
z. The principal		aton, FL 33434		
3. The mailing a	***************************************		ΓΕ 8139, MIAMI, FL 33179	
			Document number:	
5. The name and		rent registered agei	nt and registered office on f	
	RISE8 MANAGEMEN	NT LLC		
	7777 GLADES RD, 2			
	BOCA RATON, FL 33	3434		7 24 7
6. The name and (if changed):			if changed) and for register	red office 3
	InCorp Services, Inc.			;
	3458 Lakeshore Drive			= 5
	Tallahassee, FL 3231		OT acceptable	
The street address changed will	ess of its registered office be identical.	e and the street add	dress of the business office	e of its registered agent,
	is authorized by resolutione board, or the corporati	on duly adopted b on has been notifi	vits board of directors or led in writing of the change	by an officer so e.
[Matter]			Robert Beyer, President	
**	te of an officer or director		Printed of typed name	
corporation has	he med merety to reflect been notified in writing	of this Change.	gree to act in this capacity s relative to the proper an tion of my position as regi egistered office address, I	v. d complete performance stered agent. Or, g this hereby confirm that the
nār.	naute of Registered Agent	***************************************	07/26/2	024
	half of an entity:			
	ch on behalf of InCorp Servi	ces, inc.		

* * * FILING FEE: \$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)

Typed or Printed Name