196000174/

(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



100318820031

10/03/18--01008--029 **35.00

18 OCT -3 PH B: 15

OCT 1 5 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Tiffiney M. Brown SUBJECT: Name of Corporation N96000001741 DOCUMENT NUMBER: 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: Tiffiney M. Brown Name of Contact Person The Institute For Home-Based Bus Firm/Company 866 Grandin Avenue Sebastian, Florida 32958 City/State and Zip Code tiffineyb@ymail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tiffiney M. Brown Area Code & Daytime Telephone Number Name of Contact Person

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

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

statement of cha	nge is submitted j	for a corporation orga	02, 607.1508, or 617.1508, nized under the laws of the	State of Florida	
in order	r to change its reș		tered agent, or both, in the	r	
1. The name of t	he corporation:		For Home-Based E	· - · · · · · · · · · · · · · · · · · · ·	
2. The principal	office address:		Charm Lake Drive	}	
		Umati	illa, Florida 32784		
3. The mailing a	ddress (if differer	nt):			
4. Date of incorp	ooration/qualificat	tion: 04/01/1996	Document number:	N96000001741	
		the current registered of resigned, enter resign	agent and registered office (ed)	on file with the	
		Marvin B. Seidr	man		
	415	520 Charm Lake	Drive		
	Um	atilla, Florida 32	2784		
6. The name and (if changed):	street address of	the new registered age	ent (if changed) and /or regi	stered office LLAH	اب
		Tiffiney M. Brow	v n	5/2 3	
866 Grandin Avenue 🚆 ⊋					
P.O. Box NOT acceptable Sebastian, Florida 32958				07. 49	
				×	
The street addre as changed will	ss of its registere be identical.	ed office and the street	address of the business of	fice of its registered agent.	•
Such change wa authorized by th	s authorized by ree board, or the co	esolution duly adopte orporation has been no	d by its board of directors on tified in writing of the cha	or by an officer so inge.	
July Signatur	me of an officer of direct	<u>om</u>	Tiffiney M. B		
l further agrèe t performance of agent. Or, if thi	o comply with the my duties, and I is s document is be	e provisions of all stat am familiar with and c ring filed merely to ref	nd agree to act in this capa tutes relative to the proper accept the obligation of my lect a change in the registe in writing of this change.	ncity. and complete position as registered	
1 Hing	M. L.	101\	September 2	7, 2018	
	half of an entity:				
	ney M. Brow	'n			
	ped or Printed Name				

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