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(Corporation Name)		(Document #)	
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☐ Walk in	Pick up time	Certified (Сору
☐ Mail out	☐ Will wait	Photocopy Certificate	of Status
NEW FILINGS	1	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILIN	<u>GS</u>	REGISTRATION/QUALIFICATIO	<u>on</u>
Annual Report Fictitious Name		Foreign Limited Partnership Reinstatement Trademark Other V SHEPAR	A Chg.

Examiner's Initials

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, the undersigned corporation organized under the laws of the State of FLORIDA
the undersigned corporation organized under the laws of the State of
the State of Florida.
1. The name of the corporation: FLORIDA COMMUNITY HOMES, IN C.
2. The mailing address of the corporation: 5238 NR 6 AUE # 268
FONT LAWDENDAGE FC 33336
3. Date of incorporation/qualification: 12/21/98 Document number: N 98 00000 72 4
4. The name and address of the current registered agent and office:
TOE KURUVICA 100 ORD
5238 NE 6 AVC
FORTLAURDAGE FL 33334
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
MARIA HIJOS
5238 NE 6 AUG #26B
FT FL 33334
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.
Whater
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title) REG Ag at
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registified Agent) P/D (Date)
If signing on behalf of an entity:
FLORIDA COMMUNITY HOMESING DIRECTOR
(Сараспу)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)