P000000113388

(Requestor's Name)

(Address)

PO Box 6590
Seffner Fl 33583

(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

06/30/04--01009--010   **35.00

FILED
04 JUN 30 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROd19
CRG7-9

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 ___Florida___ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ___Home 4 Us, Inc.___

2. The principal office address: ___2207 Mountain Meadow Way, Valrico, FL 33594___

3. The mailing address (if different): _____

4. Date of incorporation/qualification: ___December 8, 2000___ Document number: ___H00000064125___

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   ___Sharon J. Evans___

   ___2207 Mountain Meadow Way, Valrico, FL 33594___

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

   ___Sharon J. Evans___

   ___P.O. Box 6590, Seffner, FL 33583   (mailing)___
   (P.O. Box or personal mailbox NOT acceptable)

   ___503 Laws Lane, Seffner, FL 33583 (physical)___

FILED 04 JUN 30 PM 2: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

___[signature]___
(Signature of an officer or director)

___Danny V. Evans, Sr. , President___
(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)

___Sharon J. Evans___   ___6/24/04___
                          (Date)

If signing on behalf of an entity:

_____   _____
(Typed or Printed Name)   (Capacity)

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314