

PO1000044912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

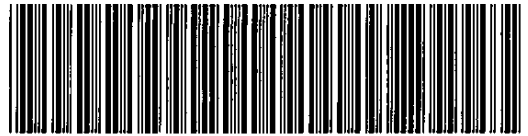
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

PK G. file 12/2

Office Use Only



900214562659

11/30/11--01007--028 \*\*35.00

FILED  
11 DEC -9 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PK G. file 12/2*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

SOUTH FLORIDA

**SUBJECT:** Home Solutions of America, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** PO1000044912

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:

Jodi Turbyfill  
Name of Contact Person

Home Solutions of America, Inc.  
Firm/Company

5100 N. Dixie Highway  
Address

Ft. Lauderdale, FL 33334  
City/State and Zip Code

Jodi@rentsacn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi Turbyfill at (954) 545-3027  
Name of Contact Person Area Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2011

JODI TURBYFILL  
5100 N. DIXIE HWY.  
FT. LAUDERDALE, FL 33334

SUBJECT: HOME SOLUTIONS OF SOUTH FLORIDA, INC.  
Ref. Number: P01000044912

We have received your document for HOME SOLUTIONS OF SOUTH FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 911A00026953

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 Solutions of America, Inc.  
2. The principal office address: 5100 North Dixie Highway Suite 100  
Fort Lauderdale, FL 33334  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/4/2001 Document number: PD1000044912

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Home Solutions of South Fla Inc  
4801 North Dixie Highway Suite 8  
Fort Lauderdale, FL 33334

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

Jodi Turbyfill  
5100 North Dixie Highway Suite 100  
Fort Lauderdale, FL 33334

FILED  
11 DEC -9 PM 1:18  
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 of an officer or director

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 of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

\*\*\* 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 (8/05)