PALADO	47968
(Requestor's Name) (Address) (Address)	900319190629
(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status	10/04/1801007028 **35.00 S TALLENT OCT 1 6 2018
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## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

SUBJECT: County Homes alland Right Estate Gry In	с.
Name of Corporation	
DOCUMENT NUMBER: <u>PO1000047968</u>	

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:

MAINY MANTINEZ
A Nama of Contact Person
Couty Hones & Land Real Tstate (100 Firm/Company
/ Firm/Company
2480 E. State State So
Address
LABURE, TEC 33935
City/State and Zip Code
MARY, MARTINEZ & CHC Hokkings, Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANN MARTINEZ at (239, 279 - 2199) Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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

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  $\mathcal{P}/\mathcal{On}/\mathcal{DA}$ in order to change its registered office or registered agent or both, in the State of Florida, 1. The name of the corporation: رحصص 2. The principal office address: 3. The mailing address (if different): 0 4. Date of incorporation/qualification: Document number: 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) 2012 58 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): NOT acceptable <sup>1</sup>O, Boy

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.

renature 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

If signing on behalf of an entity:

\* \* \* 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 (03/12)