

PO1000055034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

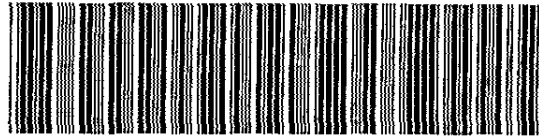
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04 FEB -2 PM 12:10  
TALLAHASSEE, FL 32304

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HOMVIEW REALTY, INC  
(Name of corporation)

DOCUMENT NUMBER: P01000055034

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:

LEIGHTON GRANT  
(Name of person)

HOMVIEW REALTY, INC.  
(Name of firm/company)

9050 PINES BLVD. SUITE 370  
(Address)

PEMBROKE PINES FL 33024  
(City/state and zip code)

For further information concerning this matter, please call:

LEIGHTON GRANT  
(Name of person)

at (954) 442-8141  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: HOMEVIEW REALTY, INC.
2. The principal office address: 9050 PINES BLVD. SUITE 370  
PEMBROKE PINES FL 33024
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/29/2001 Document number: P01000055034
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LEIGHTON GRANT  
6299 W. SUNRISE BLVD. SUITE 210  
SUNRISE FLORIDA 33313

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

LEIGHTON GRANT  
9050 PINES BLVD. SUITE 370  
PEMBROKE PINES FL 33024  
(P.O. Box or personal mailbox NOT acceptable)

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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.

Leighton Grant  
(Signature of an officer or director)

LEIGHTON GRANT / 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.*

Leighton Grant  
(Signature of Registered Agent)

1/12/04  
(Date)

If signing on behalf of an entity:

LEIGHTON GRANT  
(Typed or Printed Name)

PRESIDENT  
(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