Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone : (850)222-1173 Fax Number : (850)224-1640

REGISTERED AGENT CHANGE

LUXURY HOME PRODUCTS, INC.

		Certificate of Status	0
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		Page Count	02
		Estimated Charge	\$35.00
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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: LUXURY HOME PRODUCTS, INC.
- 2. The principal office address: 380 SOUTH SR 434 PMB 377, AllTAMONES SPRINGS FL 32714
- 3. The mailing address (if different):
- Date of incorporation/qualification: 11/26/01 Document number: P01000112603
- 5. The name and street address of the current registered adent registered office on file with the Florida Department of State:
 RACHIELE, DINO, 2611 CONCOURSE ROAD, APOPEA FL 32703
- 6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

 SAVARY, JOHNSON S. JR., 1990 MAIN ST #700, BARASOTA FL 3276

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 for by an officer so authorized by the board, or the corporation has been notified in writing of the change.

IC CONTROL OF THE PARTY OF THE

DINO RACHIELE, 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 of Registered Agent)

10.7.09

(Dare)

If signing on behalf of an entity:

JOHNSON S. SAVARY, JR. (Typed or Printed Name)

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee FL 32314

FILING FEE: \$35.00

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