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COVER LETTER

TO: Amendm Division	ent Section of Corporations	
SUBJECT:	Holeman Home (Name of Corp	es INC.
DOCUMENT N	UMBER: POID OOI	213 84
	tement of Change of Registered Office/A	
	correspondence concerning this matter to	
	Michael Ho	bleman
	(Name of Contac	et Person)
	Holeman (Firm/Comp	Homes, Inc.
	2\2 N. US (Address	Hwy 1, # 17
	Teauesta (City/State and 2	FL 33469
For further inforn	nation concerning this matter, please call:	
		at (<u>561)</u> <u>143 - 0687</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35	.00 check made payable to the Departme	nt 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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

I'ursuant to the pro statement of change in order to	•	corporation orga	inized under	the laws of t	he State of	Flori	<u>da</u>	
1. The name of the	corporation:	Holem	س۸ ۲	Homes	s,lwc.			
2. The principal off		212 TeQu						
3. The mailing add			<u> </u>				-	
4. Date of incorpora	ation/qualification:	12-2Lo-	2 <u>001</u> Doc	ument numbe	er: <u>POIO</u>	100	213	<u></u>
	reet address of the cent of State: (If resi			egistered offic	ce on file with	the		
_	David	M. Ga	HNOS	, 259				
	4327	M. Ga South	HIGH	way	生27	Suite	: 40	Ч
		rant,			•			
6. The name and str (if changed):					egistered office	, TAL SE	2009	
_	-	iael H			******	Z CR Z CR	MAR	-
_	212	N. US	Hw.	17,	# 17	ASSE ASSE	26	
		vesta		_		FOF FE	至三	
The street address as changed will be	of its registered of identical.	fice and the stree	et address o	f the busines:	s office of its	egist 🕳	igen e j	
Such change was a authorized by the b	outhorized by resol	ution duly adopt ration has been r	ed by its bo	ard of direct	ors or by an o	fficer so		
Muchel.	of an officer or director)			hael	Hole may	LN PA	<u>هد</u> ر کم	int
I hereby accept the I further agree to c of my duties, and I document is being corporation has be	e appointment as re comply with the pro am familiar with a filed merely to refl sen notified in writ	egistered agent a ovisions of all sta and accept the ol lect a change in i ing of this chang	and agree to ututes relati pligation of the register e.	act in this c	anacity		mance if this at the	
Muhal 1	<u></u>			03-2				
Signati If signing on behal	tre of Registered Agent)			•	(Date)			
ir sigining on denai M ، ک		LEWAN						
	d 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 * * *