## P02000/15633

(Re	questor's Name)	
(Add	dress)	<del></del>
(Add	ress)	
(City	//State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
	·	
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	
		1

Office Use Only



200020570222

06/20/03--01054--001 \*\*35.00

RA Change 4/26/03

## TRANSMITTAL LETTER

770	A I G	
TO:	Amendment Section Division of Corporations	er c
*	REGISTERED OPPICE OFFICE CHANGE	
SUB	JECT: HOMELAND REACGE S-G-PIONIDATING (Name of corporation)	
DOC	UMENT NUMBER: PO20001156.33	
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	<del>-</del>
Pleas	e return all correspondence concerning this matter to the following:	•
	TOC= KURUVILA (Name of person)	
	ALCOHOL MANAGEMENT OF THE PROPERTY OF THE PROP	
	(Name of firm/company)  HOME LAND REALTY OF S.E. FLAINC	
	6051 MIRAMAR PKLY	
	(Addiess)	:. <u>=</u> •
	Holly 1900 PC 33523 (City/state and zip code)	
For f	urther information concerning this matter, please call:	
	Name of person)  (Area code & daytime telephone number)	-
į	(Name of person) (Area code & daytime telephone number)	·
Enclo	(Name of person) (Area code & daytime telephone number)  osed is a \$35.00 check made payable to the Department of State.	<u>-</u>
Enclo		
Mail Ame	osed is a \$35.00 check made payable to the Department of State.  Ing Address: Indiment Section  Street Address: Amendment Section	
Mail Ame Divis P.O	osed is a \$35.00 check made payable to the Department of State.  Ing Address: Indianent Section Ion of Corporations Box 6327  Street Address: Amendment Section Division of Corporations Box 6327  409 E. Gaines Street	
Mail Ame Divis P.O	osed is a \$35.00 check made payable to the Department of State.  Ing Address: Indiment Section Ing	
Mail Ame Divis P.O	ing Address: ing Address: independent Section ing October Section ing Address: independent Section indepen	
Mail Ame Divis P.O	ing Address: Indianent Section Ion of Corporations Box 6327 Hassee, FL 32314  Street Address: Amendment Section Division of Corporations	
Mail Ame Divis P.O	osed is a \$35.00 check made payable to the Department of State.  Ing Address: Indiment Section Ion of Corporations Box 6327 House 63	
Mail Ame Divis P.O. Talla	ing Address: Indiment Section Ion of Corporations Box 6327 Ansasee, FL 32314  Street Address: Amendment Section Division of Corporations Box 6327 August 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
FLORID A in order to change its registered office or registered agent, or both, in the State
of Flòrida.
1. The name of the corporation: HOMELOND REALTY OF S.F. FLORIDA ING.
2. The principal office address: 6051 MIKAMAR DARKWAY
HOLLYWOOD FL 33023
3. The mailing address (if different): 6051 MIRAMAR PARKUBA
HOLLYWOOD PL 33023
4. Date of incorporation/qualification: 10/28/2002 Document number: 20200115633
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MARIA HIJOS
5238 NEGAVE #268 ET
FT LAUDERDACE PL 3.3334
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):  VOE KURUVICA
2.
P.O. BOX OF PERSONAL MAIl BOX NOT acceptable)
OAKLAND PARK FL 33334
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 other), Chairman or vice chairman of the board)  (Printed or typed name and title)
(Signature of an ottica, Chairman or vice chairman of the board)  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)  6/16/03
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)  * * * FILING FEE: \$35.00 * * *
Make Checks payable to Florida Department of State and Mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314