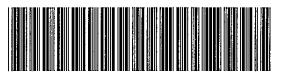
## P03000035773

(Re	questor's Name)	
(Add	dress)	
(Address)		
(City	y/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to f	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

or or or

## TRANSMITTAL LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: Reunion Home Minders (Name of corporation)
DOCUMENT NUMBER: PO 30000 35773
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:
Donald J. Donohue III + Debra Lenn
Revnion Home Minders  (Name of firm/company)
III Pinewood Dr. (Address)
Davemort FL 3389L (City/state and zip code)
For further information concerning this matter, please call:
Debbie C Denny at (863) 420. 1503 (Name of person) at (863) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(07/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 3, 2005

DONALD DONOHUE, III 111 PINEWOOD DRIVE DAVENPORT, FL 33896

SUBJECT: REUNION HOME MINDERS, INC.

Ref. Number: P03000035773

We have received your document for REUNION HOME MINDERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporation can only have one registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 105A00066029

Carol Mustain Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## 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
in order to change its registered office or registered agent, or both, in the state I
of Florida.
1. The name of the corporation: Keunion Home Minders, Tire?
2. The principal office address: W Pinewood Dr.
Davendort FL 33896 == =
3. The mailing address (if different):
4. Date of incorporation/qualification: March 31, 2000 Document number: PO 30000 35773
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Sheila R. Blount
uac E Maria
1145 E. MANDOSZ AVE.
Bartow, FL 33830
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
Donald J. Donohue III
III tinewood Dr.
(P.O. Box or personal mailbox NOT acceptable)
Ibvenport, il 3389L
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 officer, chairman or vice chairman of the board) (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
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 novely confirm that the corporation has been notified in writing of this change.
_ donothe (in)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Olyped or Printed Name) (Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*