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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAI	L
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TALLAHIASSEE, FLORIDA

01/24/05--01053--002 **35.00

ROCh9 KR6/105

COVER LETTER

TO: Amendment Section Division of Corporations	1/19/05
SUBJECT: SEE ATTACHED LIST (Name of corporation)	
DOCUMENT NUMBER:	
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:	
· · · · · · · · · · · · · · · · · · ·	
JOANN ABRAMOUTZ (Name of contact person)	
JAMEI A. HARTMAN, (Firm/Company)	P. A.
F. O. Box 940928 (Address)	
MAITIAND FL 327 (City/state and zip code)	74-0929
For further information concerning this matter, please call:	
John Aseams Witz at (352) (Name of contact person) (Area code 8	326 - 5818' 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 Form
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: LEADER HOMET, INC.
2. The principal office address: 9435 SILVEY LAKE DRIVE
LEESBURG F 34788
3. The mailing address (if different): P.O. Box GUOGIG
MAITIANS & 32794-0929
4. Date of incorporation/qualification: 5/2/03 Document number: <u>6300051853</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
James A HARTMAN ESO.
9439 FOREST CITY (OVE, SUITE SEE S
6 The name and street address of the new registered agent (if changed) and (or registered office) of the new registered agent (if changed) and (or registered office) of the new registered agent (if changed) and (or registered office) of the new registered agent (if changed) and (or registered office) of the new registered office) of the new registered agent (if changed) and (or registered office) of the new registered office (or registered office) of the new registered office) of t
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):
JAMES A. HARTMAN, ESQ. ESS 5
(P.O. Box NOT acceptable)
LEESBURG FL 34788
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 of the corporation has been notified in writing of the change.
Tames A Hartman Poes
(Signature of an officer or director) JAMES A. HARTMAN (RES.
I hereby accept the ppointment 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.
12-22-04
(Signature of Registered Agent) (Date)
If signing on behalt of an entity:
(Typed or Printed Name)

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