| (Requestor's Name) | | | |
|---|------------------|--|--|
| (Address) | 700166347 | | |
| (Address) | 100100011 | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | 01/22/1001011025 | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | SECRE TARY | | |
| Special Instructions to Filing Officer: | EE. FLORIDA | | |
| | W my | | |

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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|--|
| SUBJE | PREMIER HOME OPTIONS, INC. Name of Corporation | | | | |
| DOCU | MENT NUMBER: P03000054648 | | | | |
| The end | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| | | | | | |
| Michael L. Meyer | | | | | |
| Name of Contact Person | | | | | |
| Premier Home Options, Inc. | | | | | |
| Firm/Company | | | | | |
| | | | | | |
| | 305 Avenue K, SE | | | | |
| Address | | | | | |
| | • | | | | |
| Winter Haven, FL 33880 City/State and Zip Code | | | | | |
| | City/state and Zip Code | | | | |
| | mikem@premieronline.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For furt | ther information concerning this matter, please call: | | | | |
| | Michael L. Meyer at (863) 291-3133 Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| | Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Enclose | ed is a \$35.00 check made payable to the Department of State. | | | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building | | | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

| statement of ch | e provisions of sections 607.0502, 617.0502, 607.1508, o nange is submitted for a corporation organized under the der to change its registered office or registered agent, or | laws of the State | of Florida | _ |
|---|--|---|--|------------------|
| 1. The name of | f the corporation: Premier Home Options, Inc | S | | |
| 2. The principa | al office address: 305 Avenue K, SE, Winter Have | en, FL 33880 | | |
| 3. The mailing | address (if different): | | | |
| 4. Date of inco | rporation/qualification: 05/15/2003 Docume | nt number: | P03000054648 | 3 |
| | nd street address of the current registered agent and regist artment of State: (If resigned, enter resigned) | ered office on file | with the | |
| | Lew Ann Strickland | | | |
| | 305 Avenue K, SE | | | |
| | Winter Haven, FL 33880 | | | |
| 6. The name ar (if changed): | nd street address of the new registered agent (if changed) | and /or registered | office | |
| | Michael L. Meyer | | LECKE PARY | |
| | 305 Avenue K, SE | | IN 22 TARY IASSE | - b way |
| | P.O. Box NOT acceptable Winter Haven, FL 33880 | | | |
| The street addr | ress of its registered office and the street address of the ll be identical. | business office of | _ 65 5 | ıt, |
| Such change wanthorized by | vas authorized by resolution duly adopted by its board the board, or the exporation has been notified in writing | of directors or by | an officer so | |
| Zow C | ure of an officer or director Lew | Ann Strickland | d, President | - |
| I hereby accept further acree of my duties, a document is be corporation ha | It the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to nd I am familiar with and accept the obligation of my p ling filed merely to reflect a change in the registered of as been notified in writing of this change. | in this capacity o the proper and o position as regist ffice address, I he | complete performar ered agent. Or, if t ereby confirm that t | ice his he |
| | gnature of Registered Agent | December 1, | 2009 | _ |
| If signing on b | ehalf of an entity: | | | |
| | Typed or Printed Name | | | |

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