## P03000055396

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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TALLAHASSEE, FLORIDA

FILED

Marchange Theris

## **COVER LETTER**

Division of (	Corporations					
SUBJECT: HOMES AND LAND BROKERS, INC  Name of Corporation						
	Name of V	Corporation				
DOCUMENT NUM	IBER: P03	3000055396				
The enclosed Statem	ent of Change of Registered Office	ce/Agent and fee are submit	tted for filing.			
Please return all corr	espondence concerning this matte	er to the following:				
_	ROBERT C	UCCINELLO				
	Name of Co	ontact Person				
HOMES AND LAND BROKERS, INC						
-	Firm/C	Company	<u>-</u>			
1865 VETERANS PARK DRIVE, SUITE 304						
<del></del>		dress	· · · · · · · · · · · · · · · · · · ·			
NAPLES, FL 34109						
City/State and Zip Code						
ROB@HLBROKERS.COM  E-mail address: (to be used for future annual report notification)						
Į.	e-mail address: (to be used for	iuture annuai report notii	ication)			
For further informati	on concerning this matter, please	call:				
5055	OT OLIOONIELLO	000				
	ERT CUCCINELLO of Contact Person	at ( 239 ) Area Code & Dayti	598-9200 me Telephone Number			
Name	of Contact I cison	Area Code & Daytii	me relephone rumber			
Enclosed is a \$35.00	check made payable to the Depa	rtment of State.				
	Mailing Address	Street Address:				
	Mailing Address: Amendment Section	Amendment Se	ection			
	Division of Corporations	Division of Co	•			
	P.O. Box 6327	Clifton Buildir	•			
	Tallahassee, FL 32314		e Center Circle			
		Tallahassee, Fl	L 32301			

TO:

Amendment Section

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

statement of cha	nge is submitted for a cor	poration organize	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of FLORIDA		
1. The name of	the corporation: HOME	S AND LAN	D BROKERS, INC			
2. The principal	office address: 1865 VE	TERANS PAR	RK DRIVE, SUITE 304			
NAPLES,	FL 34109					
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification:	5/19/2003	Document number:	P03000055396		
	d street address of the curretment of State: (If resigne		nt and registered office on fi	ile with the		
	ROBERT CUCCINE	ELLO		<del></del>		
	1763 SARAZEN PL	ACE		• • • • • • • • • • • • • • • • • • •		
	NAPLES, FL 34120	1		TALL.		
6. The name and (if changed):	d street address of the new	registered agent (	if changed) and /or registere	SECRETAR)		
	ROBERT CUCCINE	ELLO				
	1865 VETERANS PARK DRIVE, SUITE 304					
	NAPLES, FL 34109	P.O. Box NOT ac	cceptable	TE 30		
The street address changed will	ess of its registered office be identical.	and the street ad	dress of the business office	e of its registered agent,		
Such change was authorized by the	as authorized by resolution board, or the corporati	on duly adopted bon has been notif	y its board of directors or ied in writing of the chang	by an officer so e.		
•	re of an officer or director		Printed or typed nam	e and title		
I hereby accept I further agree of my duties, an document is be corporation has	the appointment as regis to comply with the provis ad I am familiar with and ine filed pierely to reflect s been notified in writing	tered agent and a ions of all statute accept the obliga a change in the r of this change.	agree to act in this capacit is relative to the proper an ation of my position as reg egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the		
		<del></del>	9/25/09			
Sig	nature of Registered Agent		Date			
If signing on be	chalf of an entity:					
ROBERT CUCCINELLO						

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

Typed or Printed Name