## P03000081203

(Requestor's Name)				
(***	,			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
(20	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				

Office Use Only



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2019 Per -9 PM I2: 32

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C. GOLDEN
JUL 1 1 2020



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 6, 2019

Order#: 076958/262

Re: HOMESERVICES OF FLORIDA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	ange is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida State anized under the laws of the State of Flo	orida		
	-	stered agent, or both, in the State of Flori	ida.		
1. The name of	the corporation: HOMESERVICES OF	FLORIDA, INC.			
2. The principal	office address: 333 South 7th Street, 2	27th Floor, Minneapolis, MN 55402			
3. The mailing a	address (if different): Attn: Legal, 333	South 7th Street, 27th Floor, Minneapoli	s, MN 55402		
4. Date of incor	poration/qualification: 07/22/2003	Document number: P03000081	203		
	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with t	he		
	C T Corporation System		20		
	1200 South Pine Island Road		19 DF		
	Plantation	FL 33324	2019 DFC -9		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		PH 12:			
	1201 Hays Street				
	P.O. Box NOT acceptable				
	Tallahassee	FL 32301			
The street addr as changed wil	ess of its registered office and the stree be identical.	et address of the business office of its re	gistered agent,		
Such change wanthorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an offinotified in writing of the change.	cer so		
Xee	E aqui	Jill Cilmi, Vice President			
ignat	Signature of an officer or director Printed or typed name and title				
I further agrée performance of agent. Or, if the hereby confirm	f my duites, and Lain familiar with and	atutes relative to the proper and comple accept the obligation of my position as flect a change in the registered office a	revistered		
By:	ein Leil	12/06/2019			
Si	gnature of Registered Agent	Date			
If signing on b	chalf of an entity:				
	r, Asst. Vice President				
•	Fyped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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