

P04000024934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

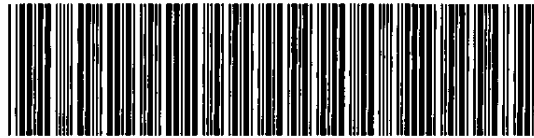
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUL 23 AM 11:02

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Home Rite Realty, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04 000024934

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:

MARY JOELLE AASAL
(Name of Contact Person)

Home Rite Realty, Inc.
(Firm/Company)

46582 282nd Street
(Address)

Lennox, SD 57039
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY JOELLE AASAL at (561) 702-4108
(Name of Contact Person) (Area Code & 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2007

MARY JOELLE AASAL
HOME RITE REALTY, INC.
46582 ~~28TH STREET~~
LENNOX, SD 57039

282nd Street - please correct

SUBJECT: HOMERITE REALTY, INC.
Ref. Number: P04000024934

We have received your document for HOMERITE REALTY, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent designated must be in the State of Florida with a Florida address.

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) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 407A00039576

RECEIVED
07 JUL 23 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Home Rite Realty, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04 0000 24 934

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:

John P. Nichols / Mary Joelle AASAL
(Name of Contact Person)

Home Rite Realty, Inc.
(Firm/Company)

46582 282nd Street
(Address)

Lennox, SD 57039
(City/State and Zip Code)

For further information concerning this matter, please call:

John P. Nichols / Mary Joelle AASAL 561, 702-4108
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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Amendment Section
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Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Home Rite Realty, Inc.
2. The principal office address: 46582 282nd Street
Lennox, SD 57039
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 1/30/2004 Document number: P04000024934
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
John P. Nichols
7424 Laurels Place
Port St. Lucie, FL 34986

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John Nichols
5079 Old Dixie Hwy # 16
(P.O. Box NOT acceptable)
Oakland Park, FL 33334

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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]
(Signature of an officer or director)

John P. Nichols / President
(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 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.

[Signature]
(Signature of Registered Agent)

7/15/07
(Date)

If signing on behalf of an entity:

John P. Nichols
(Typed or Printed Name)

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

Previously submitted

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314