## 04000138366

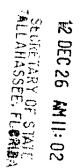
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## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Nova Homes of South Florida, Inc

Name of Corporation

DOCUMENT NUMBER

P04000138366

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:

Frank Arcia

Name of Contact Person

Nova Homes of South Florida, Inc

Firm/Company

122 Parish Drive

Address

Lehigh Acres, FL 33974

City/State and Zip Code

novahomesfl@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Arcia

,239

590-5254

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

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

statement of ch	hange is submitted for a corporation or	0302, 607.1308, or 617.1308, Florida Siganized under the laws of the State of $\frac{5}{2}$ gistered agent, or both, in the State of F	5	
	the corporation: Nova Homes of	- · · · · · · · · · · · · · · · · · · ·		
2. The principa	office address: 122 Parish Drive	e, Lehigh Acres, FL 33974		
3. The mailing	address (if different): same			
4. Date of inco	rporation/qualification: 10/06/2004	4Document number: P04000	0138366	
	nd street address of the current registere artment of State: (If resigned, enter resi	ed agent and registered office on file wit igned)	th the	
	LAZARO MIRIEL QUINON	NEZ- changed	·ne	
	2704 3RD STREET SW		Strong and	rajo.
	LEHIGH ACRES FL 33976	3	DEC 26	: 8 
6. The name an (if changed):		agent (if changed) and /or registered offi	ice 🖺 🚉 💆	
	Frank Arcia		26 OS	
	122 Parish Drive			
	LEHIGH ACRES FL 33974	NOT acceptable		
	/ <i>/</i>	eet address of the business office of its		
authorized by t	he board, or the corporation has been	ted by its board of directors or by an or notified in writing of the change.	incer so	
non	ture	Frank Arcia, President/ C		
I hereby accept I further agree performance of agent. Or. if th	the appointment as registered agent to comply with the provisions of all st my duties, and I am familiar with and is document is being filed merely to r that the corporation has been notified	Printed or typed name and title and agree to act in this capacity. tatutes relative to the proper and comp d accept the obligation of my position of eflect a change in the registered office d in writing of this change.	olete as registered	
Sig	nature of Registered Agent	Date	<u> </u>	
If signing on be	chalf of an entity:			
т	yped or Printed Name			
	* * * FILING I	FEE: \$35.00 * * *		

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