P05000010185

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
——————————————————————————————————————	siness Entity Nar	ne)				
(Do	cument Number)					
Certified Copies	Certificates	of Status				
Special Instructions to	Filing Officer					
Special instructions to t	riing Onicer.					

Office Use Only



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RA. Chq. C.COULLIETTE

EXAMINER

AUG 24 2011

COVER LETTER

` **TO**:

CR2E045 (8/05)

TO: Amendment Section Division of Corporations								
SUBJECT:	HOUSES UNLIM							
DOCUMENT NUMBER:	P050	00010185						
The enclosed Statement of Char	ge of Registered Office	Agent and fee are submit	ted for filing.					
Please return all correspondence	concerning this matter	to the following:						
	MUSHTAG	Q MIAN						
	Name of Cont	act Person						
HOUSES UNLIMITED INC.								
	Firm/Con	npany						
P.O.BOX 9573								
	Addre	ess						
CORAL SPRINGS FL 33075 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concern	ng this matter, please ca	11:						
DATIF UM	MIAN	at (954)	7735373					
Name of Contact	Person	Area Code & Daytis	7735373 ne Telephone Number					
Enclosed is a \$35.00 checkmad	e payable to the Departm	nent of State.						
Mailing Arbend	Address: ment Section	Street Address: Amendment Se	ction					
	n of Corporations	Division of Co						
	ox 6327	Clifton Buildin						
Tällaha	ssee, FL 32314	2661 Executive Tallahassee, FI						

The statement of change of registered office or registered agent or both for corporations

statement of ch	provisions of sections 607.0502, ange is submitted for a corporation fer to change its registered office of	on organized	l under the laws of the State	of FLORI	
1. The name of	the corporation: HOUSES U	JNLIMIT	ED INC.		
2. The principa	office address: 3228 NW 68	ST MIAM	I FL 33147		
3. The mailing	address (if different): P.O.BOX	9573 CC	RAL SPRINGS FL 330	075	
4. Date of inco	poration/qualification: 01/1	8/2005	Document number:	P05000	0010185
	d street address of the current regi rtment of State: (If resigned, enter		t and registered office on file	e with the	
	ANDHA, MOHAMMED H			······	
	3228 NW 68 ST				
	MIAMI FL 33147				
6. The name an (if changed):	d street address of the new registe	red agent (i	f changed) and /or registered	office	NECRETAR VISION OF C
	MUSHTAQ MIAN				
	3228 NW 68 ST	D NOT			₹ 77.96
	MIAMI FL 33147	D. Box NOT acc	ерхавіє		STATE
The street addr as changed wil	ess of its registered office and the identical.	e street add	ress of the business office	of its regist	ered agent,
Such change wanthorized by	as authorized by resolution duly he board, or the corporation has	adopted by been notifi	its board of directors or by ed in writing of the change.	an officer	so
Signat	rre gr an officer or director		AROOJ MIAN (C	Administration of the Control of the)
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered a to comply with the provisions of the comply with and accept ing filed merely to reflect a chan s been notified in writing of this	igent and a fall statutes the obligat ige in the re change.	gree to act in this capacity. relative to the proper and ion of my position as regist gistered office address, I h	complete p tered agent ereby confi	erformance . Or, if this rm that the
			08-15-20	11	
	gnature of Registered Agent		Date		
	Typed or Printed Name	_			
	* * * FIL	ING FEE:	\$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)