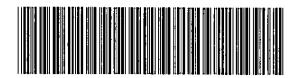
## P050000 10185

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(Address)			
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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation
POCLIMENT NUMBER: P05000010185

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:

## Name of Contact Person Firm/Company P.O. BOX 9573 Address CORAL SPRINGS, FL 33075 City/State and Zip Code

huifl0316@gmail.com

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

For further information concerning this matter, please call:

MUHAMMAD NADEEM
Name of Contact Person

at (954 ) 513-5526
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 char	age is submitted for a corporation	organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.	
1 The name of the	ne corporation: HOUSES UN	ILIMITED, INC.	
2. The principal of	office address: 4891 NW 103	3 AV. STE. #15	
	SUNRISE, FL		
3. The mailing ac	idress (if different): P.O. BOX	( 9573	
	CORAL SPR	INGS, FL 33075	
4. Date of incorp	oration/qualification: 01/18/20	DO5	
	street address of the current regis ment of State: (If resigned, enter	tered agent and registered office on file with the	
	4891 NW 103 AV. STE	E.#15	
	SUNRISE, FL 33351	LCS.	ł
		N 22	-
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	2900 N UNIVERSITY D	OR., STE. #41	
CORAL SPRINGS, FL 33065			
	P.O. E	sox NOT acceptable	
The street addre	ss of its registered office and the be identical.	street address of the business office of its registered agen	ıt,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
M.,	Nelcem	MUHAMMAD NADEEM	
l furthèr agrée t verformance of i	o comply with the provisions of a my duties, and I am familiar with	Printed or typed name and title  ent and agree to act in this capacity.  ill statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I  ified in writing of this change.	
Sign	ature of Registered Agent	Date	
If signing on beh	nalf of an entity:		
Ту	ped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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