P05000088303

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Wight !

COVER LETTER

Division of Corporations					
SUBJECT: COUNTRY POINT HOMES, INC					
(Name of Corporation)					
DOCUMENT NUMBER: P05000088303					
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 MARIN					
(Name of Contact Person)					
COUNTRY POINT HOMES, INC (Firm/Company)					
(Finite Onlyany)					
16 Postwood Drive					
(Address)					
Palm Coast FL 32164					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
JOHN MARIN at (386) 255-7637					
JOHN MARIN at (386) 255-7637 (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

1. The name of	of the corporation: COUNTRY POINT HOMES INC			
1. The name of the corporation: COUNTRY POINT HOMES INC 2. The principal office address: 1440 N NOVA ROAD SUITE 315 HOLLY HILL FL 32117				
3. The mailing a	address (if different): SAME	HOLET HILE PE 32117		
or the manning c				
4. Date of incor	poration/qualification: 6/20/2005	tion/qualification: 6/20/2005 Document number: P05000088303		
	d street address of the current register trent of State:	red agent and registered office on file wi	th the	
	ALFRED R WEE	BER JR	TO SE	
	1440 NOVA RI	O STE 305	ASS A	
	HOLLY HILL FL	32117	From 32	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered off	ice CORIDA	
	JOHN MARIN		_	
	16 POSTWOOD DI		_	
	(P.O. Box NOT acceptable) PALM COAST FL 32164			
			_	
The street addr	ess of its registered office and the state of its registered of the state of the st	treet address of the business office of it	ts registered agent,	
as changed will	_			
	as authorized by resolution duly ad he board, or the corporation has been	opted by its board of directors or by an en notified in writing of the change.	officer so	
	as authorized by resolution duly ad he board, or the corporation has been have a director.	JOHN MARIN DIR, PRES		
Such change we authorized by the authorized by the Signat I hereby accept I further agree of my document is be	ure of profileer or director)	JOHN MARIN DIR, PRES (Printed or typed name and ant and agree to act in this capacity. It statutes relative to the proper and cone obligation of my position as registere in the registered office address, I here.	title)	
Such change we authorized by the authorized by the Signat I hereby accept I further agree of my document is be	ure of a officer or director) The appointment as registered ages to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change	JOHN MARIN DIR, PRES (Printed or typed name and ant and agree to act in this capacity. It statutes relative to the proper and cone obligation of my position as registere in the registered office address, I here.	title)	
Such change we authorized by the authorized by the Signat I hereby accept I further agree of my document is be	ure of a officer or director) The appointment as registered ages to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change	JOHN MARIN DIR, PRES (Printed or typed name and ant and agree to act in this capacity. It statutes relative to the proper and cone obligation of my position as registere in the registered office address, I here ange.	title)	

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

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