## 907000123913

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: STAY HOME WORKER (Name of C	Corporation)
DOCU	MENT NUMBER: P07000123913	
The en	closed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	r to the following:
	Carlos	s Navarro
	(Name of Co	entact Person)
	Stoy He	nmo Morkon
•	(Firm/C	ome Worker ompany)
	8980 Ridgeland Drive (Address)	
	(Add	iress)
	Miam	i, FL 33157
	(City/State a	nd Zip Code)
For fur	ther information concerning this matter, please	call:
	Carlos Navarro	at ( 786 ) 239-1955
	(Name of Contact Person)	at ( 786 ) 239-1955 (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Depar	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Taliahassee, 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 composition: Stay Home Worker (#X)()
1. The name of the corporation: Stay Home Worker — Y.C.: 2. The principal office address: 8980 Ridgeland Drive Miami, Fl 33157
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/15/07 Document number: P07000123913
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Florida Department of State: (If resigned, enter resigned)  Corporation Sining Company  1201 Hays Street  Tallahassee, R-32301  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Carlos Navarro
8980 Ridgeland Drive Miami, Fl 33157 (P.O. Box NOT acceptable)
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.
1 res.
(Signature of an officer of freed of the 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 hotified in writing of this change.  (Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name)

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