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· (K	equestors Name)	
(Ad	ddress)	
(A	ddress)	
(Cl	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
(D	ocument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2008 JUL 21 AM 11: 53

COVER LETTER

Amendment Section

TO:

· Division of Corporations
SUBJECT: NATIONS HOME SAVERS (Name of Corporation)
DOCUMENT NUMBER: <u> </u>
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:
CRIMS MEHLE (Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
6152 126 Th AVE SUITE 501 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
SkiAnd MEHLE at (224) 622-0338 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 Statutes.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: NATIONS HOME SAVERS FUC. 2. The principal office address: 6/52 /26 72 AVE SUITE 50/
2. The principal office address: 6/52 /26 AVE SUITE 50/
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/25/08 Document number: Pos 000009302
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: **CAROLINE MEHLE**
6152 126th AVE SUITE SOI
LARGO Fl. 33773
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CHRISTINE Mehle 6152 126 Th ANG SUITE 501 (P.O. BOX NOT acceptable) LANG FL. 33773 EEGO CHRISTINE Mehle ASSECRE TARY AND FL. 33773
6152 126 Th AVE SUITE SOI ARE SE
(P.O. Box NOT acceptable)
LARUO FL: 33773
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 charge was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
CHRISTINE MEHLE PIESIDENT (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and 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 notified in writing of this change.
Signature of Registered Agent) Out 15 2008 (Date)
If signing on behalf of an entity:

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

(Typed or Printed Name)