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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Home Solutions Property Management Inc.
DOCUMENT NUMBER: <u>PO80005959</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:
Name of Contact Person
Home Solutions Property management Inc
5100 N. Dixie Highway
Ft. lauderdale, Fl 33334 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jodi Turby Fill at (954) 545-3027
Name of Contact Person at (954 545 - 3027) 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 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 corporation: Home Solutions Property Management I. 2. The principal office address: SIOO North DIXIC Intended Solutions FOX HOUSE TO SOLUTION FOR SOLUTION AND SOLUTION OF THE SOLUTION OF
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/18/2008 Document number: POS 005 5159
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) The Dixic Highway Sunce State: Fort Laudrical, FL 33334
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
5100 North Dixie Highway Suite 100 Fort Lauderdale, F1 33334
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.
Signature of an other or director Signature of an other or director 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 Date
If signing on behalf of an entity:
Typed or Printed Name * * * FILING 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)