P.090000 8300

(Reque	stor's Name)				
(Addres	ss)				
(Addres	ss)				
(City/St	ate/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Busine	ess Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filin THOMK ACIVISED TO NOME NOM	APISOIL da APISOIL da D'AGO AGENT Main thraanu				

Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

		_					
SUBJECT:	BJECT: HM Interiors, Inc. Name of Corporation						
		•					
DOCUMENT NUMBER	:P09	000018306					
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:							
	D. Fran	k Wright					
	Name of Co	intact Person					
Wright, Fulford, Moorhead & Brown, P.A. Firm/Company							
		p					
	505 Maitland Avenue, Suite 1000						
		lress					
	Altamonte Spring	gs, Florida 32701 nd Zip Code					
	City/State a	nd Zip Code					
	fwright@wfr						
E-mai	address: (to be used for f	future annual report notific	ation)				
For further information co	ncerning this matter, please	call:					
D Fra	nk Wright	407	425-D234				
	ontact Person	at (407) Area Code & Daytime	Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address: Amendment Section		Street Address: Amendment Sect	Street Address: Amendment Section				
D	ivision of Corporations	Division of Corp	Division of Corporations				
P.O. Box 6327 Clifton Building							
T	allahassee, FL 32314	2661 Executive (2661 Executive Center Circle				

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	poration organize	607.1508, or 617.1508, Flo ed under the laws of the Stat ed agent, or both, in the Stat	te of Florida			
	the corporation: HM In						
	office address: 10326 [re, Florida 34786	Down Lakeview	v Circle				
	ddress (if different): 103 nere, Florida 34786	326 Down Lake	eview Circle				
4. Date of incorp	Date of incorporation/qualification: 2/26/2009 Document number: P			P09000	209000018306		
	I street address of the current of State: (If resigned	-	nt and registered office on f	ile with the			
	D. Frank Wright				- Flo		
	145 North Magnolia Avenue				IC O		
	Orlando, Florida 32	801			BECRETARY ALLAHASSE		
6. The name and (if changed):	street address of the new	registered agent ((if changed) and /or register	red office	PH 1:45		
	505 Maitland Avenue, Suite 1000 P.O. Box NOT acceptable						
	Altamonte Springs,						
The street addreas changed will	ess of its registered offic		dress of the business offic	e of its regist	tered agent,		
Such change wa authorized by th	as authorized by resoluti ne board, or the corporat	on duly adopted bion has been notif	oy its board of directors or fied in writing of the chang	by an officer ge.	: SO		
Signatu	re of an officer or director		Printed or typed nan	ne and title			
I further agree of my duties, an document is bei	the appointment as regi to comply with the provi nd I am familiar with and ing filed merely to reflec s been notified in writing	sions of all statute I accept the oblige t a change in the i	agree to act in this capaci es relative to the proper a ation of my position as reg registered office address, i	ty. nd complete p gistered agen I hereby conf	performance t. Or, if this îrm that the		
	his		1/13/2010				
Sig	nature of Registered Agent		Date				
If signing on be	chalf of an entity:						
Т	yped or Printed Name						

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