P11000051594

(Re	equestor's Name)	W 12-1		
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C. MUSTAIN

COVER LETTER

TO: Amendment Section Division of Corporations

2. The of Corporations

SUBJECT: Stayhome Inc

Name of Corporation

DOCUMENT NUMBER: P11000051594

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:

Joseph Bilotti

Name of Contact Person

Stayhome Inc.

Firm/Company

8130 Glades Road #231

Address

Boca Raton, FL 33434

City/State and Zip Code

rachael@rotellipp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachael Bohbot

, 561

326-0900

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

statement of char	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florid organized under the laws of the State (of_Florida
		registered agent, or both, in the State of	of Florida.
1. The name of the	ne corporation: Stayhome In	C.	
2. The principal	office address: 8130 Glades	Road #231 Boca Raton, FL	33434
3. The mailing ac	ldress (if different):		
4. Date of incorp	oration/qualification: 06/01/2	011 Document number: P11	000051594
5. The name and		tered agent and registered office on file	
	Joseph Bilotti		
	4755 Technology Way	#101	To say
	Boca Raton, FL 33431		72 M
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered	office SSN 7
	Joseph Bilotti		
	8130 Glades Road #23		_ 5
		Box NOT acceptable	· 4
	Boca Raton, FL 33434		_
The street address changed will	ss of its registered office and the be identical.	street address of the business office o	f its registered agent,
Such change was authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by seen notified in writing of the change.	an officer so
	- St.	Joseph Bilotti	
I hereby accept if further agree to performance of agent. Or, if this	o comply with the provisions of a my duties, and I am familiar with	Printed or typed name and sent and agree to act in this capacity. It is statutes relative to the proper and contains and accept the obligation of my posit to reflect a change in the registered of tified in writing of this change.	complete ion as registered
	2 il	11/06/2012	
Sign	ature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Loseph	Ped or Printed Name		

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