Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:					
	Division of Cor				
	Fax Number	: (850)617-6380			
From:					
		: REGISTERED AGENT SOL	UTIONS INC		
	Account Number				
		: (888)705-7274			
	rax number	: (888)706-7274		Ú237	
Enter ann	the email addres: wal report maili	s for this business ent ngs. Enter only one em	tity to be used for future ail address please.		
Email Address:					
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		يري ويرورو سودويسلو سيدن ليفيدونيون ليكن دهيفوال الودهي والوالرسال فاخراج		<u>ت</u> بَ	-
	REGISTERED AGENT CHANGE				
	HOME PEI	RFORMANCE ALL	IANCE, INC.	10	
	Certificate of	Status	0		
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Amendment Section Division of Corporations

Home Performance Alliance, Inc. Name of Corporation P11000084284 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:

i touse total i un contempondente concerning i in		5.
Mary Castillo		
Name of Contact Person		
Registered Agent Solutions, Inc.		
Firm/Company		
1701 Directors Blvd. Suite 300		
Address		
Austin, Texas 78744		
City/State and Zip Code	·····	
E-mail address: (to be used for future annua	Il report notification)
For further information concerning this matter,	please call:	
Many Castilla		
Mary Castillo	at (888	705-7274

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

Amendment Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

•	provisions of sections 607.050 inge is submitted for a corpora			
	r to change its registered offic		<u> </u>	
2. The principal	the corporation: Home Poor office address: 1780 102	ND AVENUE N		JITE 500
	address (if different):	<u> </u>		
	poration/qualification: 9/26	/2011 Document	t number: P110	000084284
5. The name and	d street address of the current r rtment of State: (If resigned, er	egistered agent and register	red office on file v	with the
	CORPORATIO	N SERVICE C	COMPAN	Y
	1201 HAYS STREET			
	TALLAHASSEE,	FL	32301	
6. The name and (if changed):	Registered Age 155 Office Plaz	Ū	7020 sss	
	Tallahassee	P.O. Box NOT acceptable FL 323	01	_ 55 _ D
	ess of its registered office and be identical.			- L _
Such change wa authorized by th	as authorized by resolution du he board, or the corporation h	ily adopted by its board of as been notified in writing	directors or by a of the change.	in officer so
/s/ Gary De	lia ne of an officer or director	Gary Deli	a nted or typed name and	President
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registered to comply with the provisions ad I am familiar with and acco ing filed merely to reflect a ch is been notified in writing of th	d agent and agree to act in of all statutes relative to to opt the obligation of my po- lange in the registered offi		
Hode	nutility of Registered Agent	09/15/20		
بهاد	chalf of an entity:		Date	
	Assistant Secretary			
	yped or Printed Name			
	* * * F	ILING FEE: \$35.00 * * *	•	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)