P1/000084481

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COVER LETTER

TO: Amendment Section Division of Corporations

Brown Home Service, Inc.

Name of Corporation

211000084481

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:

Rex D. Brown

Name of Contact Person

Brown Home Service, Inc.

Firm/Company

10233 130th Street North

Largo, Florida 33774
City/State and Zip Code

rexdbrown@verizon.net

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

For further information concerning this matter, please call:

Rex D. Brown

Name of Contact Person

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 cha	nge is submitted for a corporation (7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Brown Home S	Service, Inc.	
2. The principal	office address: 10233 130th S orida 33774	treet North	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/26/20	11	
5. The name and		red agent and registered office on file with the	
	Regina Brown		-
	347 14th Street NW		
	Largo, Florida 33770	F. S.	W.
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered office.	
	Regina Brown	mer A	· ·
	10233 130th Street North	23	
	Largo, Florida 33774	NOT acceptable 5	
The street addre	ess of its registered office and the s	treet address of the business office of its registered agen	t,
_		opted by its board of directors or by an officer so n notified in writing of the change.	
100	0.4	Rex D. Brown DIRECTOR	
I hereby accept I further agree	o comply with the provisions of all	Printed or typed name and title nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered by reflect a change in the registered office address, I alied in writing of this change.	
Reama	brown	05/18/2012	
<i>-</i>	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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