P11000092076

| (Re | equestor's Name) | | | | |
|---|--------------------|-------|--|--|--|
| (Ad | ldress) | | | | |
| (Ad | dress) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | MAIT | MAIL. | | | |
| (Bu | siness Entity Nar | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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MAY 17 2017 C MCNAIR

MAR 24 2017 C PACNAIR

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: HOMELAND INVESTMENT PROPERTIES CORP. Name of Corporation |
| DOCUMENT NUMBER: P11000092076 |
| 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: |
| SUBJECT: HOMELAND INVESTMENT PROPERTIES CORP. Name of Corporation DOCUMENT NUMBER: P11000092076 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 |
| - HOMELAND INVESTMENT PROPERTIES CORT |
| 3551 SW 129 Wenue 1 Address |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (786) 443-8246 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 cha | provisions of sections 607.0502 inge is submitted for a corporat r to change its registered office | ion organized und | er the laws of the i | State of FLORI | |
|---|---|---|--|---|-----------|
| 1. The name of t | he corporation: Home | LAND IN | VRSTMEN | + PROPER | MES CORP |
| 2. The principal | office address: 10185 | collins. | AVE # | 706 | |
| BAL | HARBOUR FL 33 | 154 | | | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | poration/qualification: | Do | cument number: _ | P110000 | 72076 |
| Florida Depar | street address of the current retment of State: (If resigned, ent | er resigned) | | ` | |
| | STOK FOLK | k + KON | RES | ignED) | |
| | HARBOUR C | ENTRE | suite 1 | 005 | |
| | 18851 NE 2 | 9+4 AVE | AVENTUR | 1,21 33/80 | , |
| 6. The name and (if changed): | street address of the new regist | | | F.0 | |
| | NOEL PUI 3351 SW 129 | AVENUE. | MIAMIFL | 33/7/Fo | 5 PM TTT |
| • | P.C | D. Box NOT acceptable | | TO STORY | 2:55 |
| The street addre | ss of its registered office and the identical. | he street address o | f the business off | ice of its registered | i agent, |
| Such change was authorized by th | s authorized by resolution duly e board, or the corporation has | y adopted by its bo been notified in v | ard of directors o vriting of the char | r by an officer so | |
| Signatur | o of an officer or director | | HVG-0 Printed or typed na | PRADERA me and title | PRESIDENT |
| I hereby accept i I further agree to performance of a agent. Or, if this hereby confirm t | the <u>appointment as registered</u> o Comply with the provisions a my duties, and I am familiar w s document is being filed mere that the corporation has been t | agent and agree to of all statutes relat with and accept the by to reflect a char notified in writing | o act in this capac ive to the proper o obligation of my nge in the register of this change. | city. and complete position as registe red office address, | red I |
| Dal | ature of Registered Agent | | 03/17/0 | 2017 | |
| If signing on beh | 0 | | Late | | |
| | A. P. P. I. G. ped or Printed Name | <u></u> | | | • |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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