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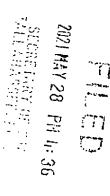
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Homemakers Man Name of Corporation	agement Cerparation		
DOCUMENT NUMBER: P1 130 000 9	861		
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Name of Contact Person			
Tiered Capital, Inc.			
Address Orlando, FL 32801 City/State and Zip Code	<u>800</u>		
Orlando, FL 32801 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 (407) 502-8349		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:	Street Address:		
Amendment Section Division of Corporations	Amendment Section		
P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: Homemakers Management Corporation
2. The principal office address: 11 N. Orange Ave., Ste. 800
Orlando, FL 32801
3. The mailing address (if different):f.0. Box 567
4. Date of incorporation/qualification: 1/29/2013 Document number: P130 0000 9861
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
BatesLigon
III N. Orlando Ave., Ste. 800
Orlando, FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Julie Herring Eg 2
125 W. Fern Dr.
125 W. Fern Dr. P.O. Box NOT acceptable Orange City, FL 32763
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Printed or typed hame and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 20 mAy 2021
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314