

P14 000008719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

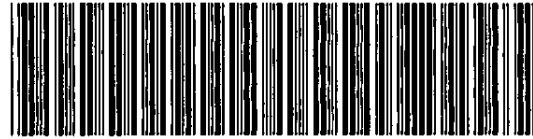
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900295536009

900295536009
02/21/17--01023--003 **35.00

FILED

2017 MAR -6 AM 10:29

SECRETARY OF STATE
ATTN: ASSESSMENT

RACH
3/2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Homewise Improvement Solutions, LLC
Name of Corporation

DOCUMENT NUMBER: P14000008719

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:

Elias Badran

Name of Contact Person

Homewise Improvement Solutions, Inc.

Firm/Company

385 Commerce Way

Address

Longwood, Florida 32750

City/State and Zip Code

cindy@livehomewise.com

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

For further information concerning this matter, please call:

Elias Badran

Name of Contact Person

at (407) 331-0233

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2017

ELIAS BADRAN
385 COMMERCE WAY
LONGWOOD, FL 32750

SUBJECT: HOMEWISE IMPROVEMENT SOLUTIONS INC
Ref. Number: P14000008719

We have received your document for HOMEWISE IMPROVEMENT SOLUTIONS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 117A00003575

**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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Homewise Improvement Solutions, Inc.
2. The principal office address: 385 Commerce Way Longwood, FL 32750
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/28/14 Document number: P14000008719
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)

Resigned 12/21/16

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Elias A Badran

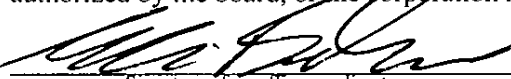
3504 Porta Romano Way

P.O. Box NOT acceptable

Lake Mary, FL 32746

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

Elias Badran

Printed or typed name 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

2/16/17

Date

If signing on behalf of an entity:

Elias A. Badran
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

FILED
2017 MAR -6 AM 10:29
DEPARTMENT OF STATE
TALLAHASSEE, FL 32314