## P14000053091

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Florida House Real Estate & Manangement Corporation SUBJECT:\_\_\_\_\_

Name of Corporation

DOCUMENT NUMBER, P.14000053091

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:

Andy Kirchberger

Name of Contact Person

Florida House Real Estate & Management Corporation

Firm/Company

41 Chailett Road Ste. 15

Address

Rotonda West, FL 33947

City/State and Zip Code

tammy@floridahouse.org

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

For further information concerning this matter, please call:

Name of Contact Person

Andy Kirchberger

<sub>.</sub>941 、

\_ at (\_

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, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Florida House Real Estate & Management Corporation
• •	office address: 41 Chailett Road Ste. 15 West, FL 33947
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 07/01/2014 Document number: P14000053091
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Doreen L. Gentz Resigned
	41 Chailett Road, Ste. 15
	Rotonda West, FL 33947
6. The name and (if changed):	Snzanne L. Halufska FEB F T Charlett Rd, Ste 15
	Snzanne L. Halvifska  41 Charlett Rd, Ste 15  P.O. Box NOT acceptable  Rotanda West FL 33947
The street address changed will	ess of its registered office and the street address of the business office of its registered gent, be identical.
Such change wa authorized by	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatu	Andreas G. Kirch berger President re of an officer or director Printed or typed name and title
I further agree i performance of	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	nature of Registered Agent Date 8th
	half of an entity:
	L Halufska
T	vped or Printed Name

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