

P14000074762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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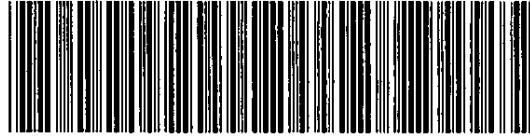
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOMEIO INC
Name of Corporation

DOCUMENT NUMBER: P14000074762

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:

Sebastien Cotton
Name of Contact Person

HOMEIO INC
Firm/Company

1001 E DE SOTO ST
Address

PENSACOLA , FL , 32501
City/State and Zip Code

SEB @ HOMEIO . CO
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEBASTIEN COTTON at (850) 490 06 13
Name of Contact Person 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

DECLASSIFICATION OR DECLASSIFICATION OF INFORMATION OR INFORMATION FROM THE U.S. GOVERNMENT

1. The name of the corporation: HOMEIO INC

2. The principal office address: 1001 E DESOTO ST, PENSACOLA, FL, 32501

3. The mailing address (if different): 69110

4. Date of incorporation/qualification: 09/09/14 Document number: P14000074762

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL, 32301

SEBASTIEN COTTON
1001 E DE SOTO ST
P.O. Box NOT acceptable
PENSACOLA, FL. 32501

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

SEBASTIEN COTTON CEO

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 _____ 08/07/2015 _____
Date

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

CDC/HRAS /02/17X

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