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COVER LETTER

Division of Corporations
SUBJECT: ENCHANTED HOMES, INC. (Name of corporation)
DOCUMENT NUMBER: 650382730
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:
ADAM KAPLAN, ESQUIRE (Name of contact person)
HOWELL & KAPLAN, PA (Firm/Company)
1109 LAVENDER CIRCLE (Address)
WESTON, FL 33327 (City/state and zip code)
For further information concerning this matter, please call:
ADAM KAPLAN at (954) 551-3680 (Name of contact person) (Area code & daytime telephone number)
(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 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

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

statement of change is sub	s of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St bmitted for a corporation organized under the laws of the State of $\frac{F^{I}}{I}$ ge its registered office or registered agent, or both, in the State of Flo	LORIDA	ris	
The name of the cornor	ration: ENCHANTED HOMES, INC.			
2. The principal office add	dress: 620B PROFESSIONAL PLACE, N. FORT MYERS, FL			_
3. The mailing address (if	Fdifferent): P.O. BOX 3482 NORTH FORT NUEVO FL 339	718		<u></u>
4. Date of incorporation/q	qualification: 12/31/92 Document number: P9300000	00095		_
	Idress of the current registered agent and registered office on file with			
JERRY I	R. CARROLL			
615 CAP	PE CORAL PARKWAY #101			
CAPE C	CORAL, FL 33914			
6. The name and street ad (if changed):	idress of the new registered agent (if changed) and /or registered office	ALLA ALLA	05 SI	
ADAM E	D. KAPLAN, ESQUIRE	H AS	SEP -	
27499 R	RIVERVIEW CTR. BLVD. SUITE 229	SEE		
	(P.O. Box NOT acceptable)	E.S.	E D	
BONITA	A SPRINGS, FL 34134	ORAT	55+	
The street address of its as changed will be identified	registered office and the street address of the business office of its ical.	s megister	red agent,	
Such change was author authorized by the board.	rized by resolution duly adopted by its board of directors or by an, or the comporation has been notified in writing of the change.	officer s	30	
Signature of an off	Stillegger Tom Gille. (Printed or typed name and to	SPIE	= VE	u
I further agree to complor of my duties, and I am for document is being filed to	cintment as registered agent and agree to act in this capacity, by with the provisions of all statutes relative to the proper and commiliar with and accept the obligation of my position as registered merely to reflect a change in the registered office address, I herebotified in writing of this change.	d agent	()r. if this	
(Signature of R	Registered Agent) 9/L/Oste)			
If signing on behalf of a	in entity:			
(Typed or Pri	inted Name)			

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