P94000076594

(Reque	estor's Name)	
(Addre	55)	
(Addre	ss)	•
(City/S	tate/Zip/Phone #)	
. PICK-UP	WAIT	MAIL
. (Busine	ess Entity Name)	. :
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	·
		•
	.•	

Office Use Only



100160278061

09/08/09--01032--005 **35.00

FILED

2009 SEP -8 PH 4: 03

SECRETARY OF STATE

RA

TE

SEP 1 4 2009

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Top Value Homes Inc Name of Corporation
DOCUMENT NUMBER: 7940000 76 594
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:
Robert C. Roffe, Jr. Name of Contact Person
Top Value Homes Inc Firm/Company
18746 Ayrshire Circle Address
Part Charlotte FL 33948 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bo Roffey Name of Contact Person at (954) 270-7101 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

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

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: Top Value Home> Inc.	
1. The name of the corporation: 100 Value Homes Inc.	
2. The principal office address: 18746 Ayrshire Circle	_
Port Charlotte FC 33948	_
3. The mailing address (if different):	_
4. Date of incorporation/qualification: Document number: P94000076596	<u>+</u>
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)	
Robert C Roffey Ur	
· · · · · · · · · · · · · · · · · · ·	
Davie FL 33314	`}
9300 SW 64 Ave Davie FL 33314 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	7
(if changed): Robert C Roffey Jr 18746 Ayrshive Circle	ـــــــــــــــــــــــــــــــــــــ
18746 Ayrshire Circle 37 3	
Robert C Roffey Jr 18746 Ayrshire Circle Port Charlotte FL 33948	
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 Robert CRoffe, G. President 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.	
Senature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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