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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please

REGISTERED AGENT CHANGE HOME FREE, INC.

Certificate of Status	0
Certified Copy	O
Page Count	03
Estimated Charge	\$35.00

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJ	ECT;	Home Free, Inc.	•	
	\ <u></u>	Name of Corpo	oration	
DOCUMENT NUMBER:			017150	
The er	aclosed Statement of Change	of Registered Office/As	gent and fee are submitted for filing.	
	return all correspondence cor			
		·	*	
		Name of Contac	Person	
	Firm/Company			
	Address			
		•		
	City/State and Zip Code			
jlgodden@mmm.com				
•	E-mail address:	(to be used for future	annual report notification)	
For fur	ther information concerning th			
	Name of Contact Pers	on at	Area Code & Daytime Telephone Number	
Inclose	d is a \$35.00 check made pay	able to the Department	of State.	
	P.O. Box 63	Section Corporations 27	Street Address: Amendment Section Division of Corporations Clifton Building	
	Tallahassee,	, FL 32314	2661 Executive Center Circle Tallahasses Ft. 32301	

FL106 - 37/73/2009 Č T Kysten Online

CR2E045 (8/05)

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

statement of ch	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz er to change its registered office or register	ed under the laws of the State of	Florida			
.,,						
The name of the corporation: Home Free Inc.     The principal office address: 100 INDIAN ROCKS RD, SUITE G, BELLEAIR BLUFFS FL 33770						
	··					
3. The mailing	address (if different):					
4. Date of incor	poration/qualification: 02/23/1998	Document number:	P98000017150			
	d street address of the current registered age riment of State: (If resigned, enter resigned)		ith the			
	PAMELA G ROPER		- \$ 5			
	3774 ANGLERS LANE		9			
	LARGO, FL 33774					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	C T Corporation System					
	c/o C T Corporation System, 1200 South Pine Island Road					
P.O. Box NOT acceptable						
	Plantation, Florida 33324		_			
	ess of its registered office and the street ac be identical.					
Such change we authorized by the	as authorized by resolution duly adopted be board, or the corporation has been notified.	by its board of directors or by ar fied in writing of the change.	officer so			
Maure	L. Farers	Maureen Paricy, Assistant				
	the appointment as registered agent and to comply with the provisions of all statuted a minimum at the obliging filed merely to reflect a change in the been notified in writing of this change.	prined or types name and a agree to act in this capacity es relative to the proper and con ation of my position as registere registered office address. I here				
	Corporation System	8/08/201	•			
61	familie of Magathered Agains	Duc	——————————————————————————————————————			
lf signing on be	half of an entity:					
	Kristin Bolden					
τ	Assistant Secretary					
* * * FILING FEB; \$35.00 * * *						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)