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| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDATE 16 JUN 22 AM 9: 06

ARDS/N

COVER LETTER

| TO: | Amendment Section Division of Corporation | S | | | | |
|----------------------|---|--|---|---|--|--|
| SUBJ | ECT: | HomeLife T Name of C | itle, Inc. Corporation | | | |
| DOC | UMENT NUMBER: | P99 | 000099776 | | | |
| The en | nclosed Statement of Chan | ge of Registered Offic | e/Agent and fee are submi | itted for filing. | | |
| Please | return all correspondence | concerning this matte | r to the following: | | | |
| | | | S. Rowe | · · · · · · | | |
| | | . valid of oo | | | | |
| HomeLife Title, Inc. | | | | | | |
| | | Firm/Co | ompany , | | | |
| | 3731 NE Pineapple Ave | | | | | |
| | | Add | ress | | | |
| | | Jensen Beac City/State at | ch, FL 34957 and Zip Code | | | |
| | dawnginter@renarhomes.com E-mail address: (to be used for future annual report notification) | | | | | |
| For fu | rther information concerni | ng this matter, please | call: | | | |
| | Rhonda S. I | Rowe | at (772) | 692-7800 | | |
| | Name of Contact | Person | Area Code & Dayt | 692-7800 ime Telephone Number | | |
| Enclo | sed is a \$35.00 check made | e payable to the Depar | tment of State. | | | |
| | Amend Divisio P.O. Bo | Address: ment Section n of Corporations ox 6327 ssee, FL 32314 | Street Address Amendment S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F | ection orporations ng /e Center Circle | | |

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

| statement of cha | provisions of sections 607.0502, 617.0 inge is submitted for a corporation org ir to change its registered office or regi | anized under the laws of the State | of_Florida | | | |
|---|---|--|---|--|--|--|
| | | Ū | oj Floriaa. | | | |
| 1. The name of the corporation: HomeLife Title, Inc. | | | | | | |
| | office address: 3731 NE Pineappl | | | | | |
| | | | | | | |
| 3. The mailing a | ddress (if different): | , | | | | |
| 4. Date of incorporation/qualification: Document number: P99000 | | | | | | |
| | I street address of the current registered tment of State: (If resigned, enter resigned) | <u> </u> | e with the | | | |
| | M. Lanning Fox | | = | | | |
| : • | 3473 SE Willoughby Blvd | | HO JUN 22 | | | |
| | Stuart, FL 34994 | | JUN 22 AM 9: 06 | | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office | | | | | | |
| | Arden Doss, Jr. | | 9.06 | | | |
| | 3731 NE Pineapple Ave | , | | | | |
| P.O. Box NOT acceptable | | | | | | |
| | Jensen Beach, FL 34957 | | · | | | |
| The street address changed will | ess of its registered office and the stre be identical. | et address of the business office | of its registered agent, | | | |
| Such change wa authorized by the | as authorized by resolution duly adop ne board, or the corporation has been | ted by its board of directors or b notified in writing of the change | y an officer so | | | |
| Signatu | LOCATION OF DIRECTOR | Arden Dos Printed or typed name | ss, Jr. | | | |
| I hereby accept I further agree of my duties, ar document is bet corporation has | the appointment as registered agent to comply with the provisions of all si I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan | and agree to act in this capacity latutes relative to the proper and ibligation of my position as regis the registered office address, I h ge. | complete performance tered agent. Or, if this tereby confirm that the | | | |
| And | - 1Qu | 6-10-10 | | | | |
| Sig | nature of Registered Agent | Date | | | | |
| If signing on be | chalf of an entity: | | | | | |
| | Arden Doss, Jr. | ÷ | | | | |
| · | • | FEE: \$35.00 * * * | | | | |

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