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Office Use Only

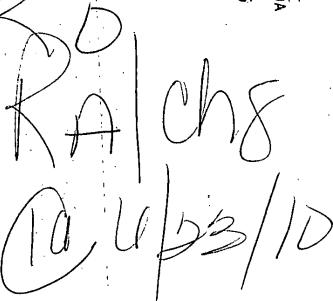


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SECRETARY OF STATE
TALLAHASSEE. FLORIDA



## **COVER LETTER**

TO:	Amendment Division of	Section Corporations				
SUBJI	ECT:	HomeLife Mo Name	rtgage Com	pany		
DOCU	JMENT NUN	1BER:	P990000997	780		
The en	closed Statem	nent of Change of Registered	Office/Agent an	d fee are sub	mitted for filing.	
Please	return all con	respondence concerning this r	matter to the foll	owing:		
		Rho	nda S. Rowe			
	-	Name o	of Contact Perso	n	<del></del>	
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			Mortgage Cor			
	_	Fii	rm/Company			
		0704 N	E D'			
	-	· 3/31 N	E Pineapple A	ve		
			Address			
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	-	Jensen E	Beach, FL 34 tate and Zip Cod	<u>957                                    </u>		
		City/St	ate and Zip Cod	е		
		dawnginter(	@renarhomes	s.com '		
		E-mail address: (to be used	for future annu	ial report no	otification)	
For fur	ther informat	ion concerning this matter, pl	ease call:			
	R	honda S. Rowe	at (	772 ).	692-7800	
	Nam	e of Contact Person	Are	a Code & Da	692-7800 sytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.						
	· .	Mailing Address: Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns	Clifton Bui	t Section Corporations Iding Itive Center Circle	

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

statement of cha	unge is submitted for a corporation	o17.0302, 007.1308, or 017.1308, Fil n organized under the laws of the Sta r registered agent, or both, in the Sta	te of Florida
	the corporation: HomeLife M	,	
	office address: 3731 NE Pine		
3. The mailing a		,	
4. Date of incorporation/qualification: Document number:P			P99000099780
	d street address of the current registrement of State: (If resigned, enter	stered agent and registered office on resigned)	file with the
	M. Lanning Fox		<del></del>
	3473 SE Willoughby Blvd		
	Stuart, FL 34994		
6. The name and (if changed):		red agent (if changed) and /or register	SECRETARY ALLAHASSE 16 JUN 22
	3731 NE Pineapple Ave		3
		). Box NOT acceptable	
	Jensen Beach, FL 34957		S N
The street addr	ess of its registered office and the	e street address of the business offic	e of its registered agent,
Such change w authorized by t	as authorized by resolution duly the board, or the corporation has	adopted by its board of directors or been notified in writing of the change	by an officer so ge.
Signatu	ure of an officer or director	Arden Do	oss, Jr.
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered a to comply with the provisions of nd I am familiar with and accept ing filed merely to reflect a chan is been notified in writing of this	ngent and agree to act in this capaci all statutes relative to the proper as the obligation of my position as reg uge in the registered office address, change	
and	gnature of Registered Agent	6-10-1	D
	ehalf of an entity:	Date	
- +	·		
	Arden Doss, Jr. Typed or Printed Name	_	
	* * * FIL	ING FEE: \$35.00 * * *	

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