

**2015 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M12000003265

**Entity Name:** HOMEASAP LLC

**Current Principal Place of Business:**

4887 BELFORT ROAD, SUITE 400  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4887 BELFORT ROAD, SUITE 400  
JACKSONVILLE, FL 32256 US

**FEI Number:** 20-5446343

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLOOMFIELD, MARK  
4899 BELFORT ROAD, SUITE 201  
JACKSONVILLE, FL 32256 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MARK BLOOMFIELD

03/20/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BLOOMFIELD, MARK  
Address 4887 BELFORT ROAD, SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name IVEY, DAVID  
Address 303 PEACHTREE STREET, SUITE 5300  
City-State-Zip: ATLANTA GA 30308

Title MANAGER  
Name STITGEN, DUSTIN  
Address 4887 BELFORT ROAD, SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256

Title COO/CFO  
Name MARSHALL, JOHN R  
Address 4887 BELFORT ROAD, SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN MARSHALL

COO/CFO

03/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date