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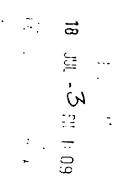
(Requestor's Name)							
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COVER LETTER

	Registration Section Division of Corporations								
SUBJE	CT: DFH Wildwood, LLC								
	Name of Limited Liability Company								
Dear Sir	or Madam:								
The enc	losed Registered Agent/Registered Offi	ce Chan	ge and	fee(s	s) are submitted for filing.				
Please r	eturn all correspondence concerning thi	s matter	to the	follo	wing:				
Ro	bert Riva								
	Name of Person			_					
Drea	am Finders Homes LLC								
	Firm/Company								
1470	1 Philips Highway, Suite 300								
	Address			_					
Jack	csonville, FL 32256								
	City/State and Zip Code								
Ro	bert.Riva@DreamFindersHomes.cor	nı							
E-	mail address: (to be used for future annu	ual repor	t notifi	catio	on)				
For furt	her information concerning this matter,	please ca	all:						
Rob	ert Riva	at (904)	644-7670				
	Name of Person	_ \		Ar	ea Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:		MA	LILI	NG ADDRESS:				
				egistration Section					
	Division of Corporations Divis				sion of Corporations				
<u> </u>				Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301			Tallahassee, Florida 32314						
	🕲 \$25 Filing Fee		□ \$5	5 Fii	ing Fee & Certified Copy				
INHS18	(2/14)								

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: DFH Wildwood	d, LLC	2	
2	(a)	360 Corporate Way, Suite 100		(b) 360 l	Corporate Way, Suite 100
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	. /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Orange Park, FL 32073		Oi	range Park, FL 32073
		07/02/2013	_ -		L13000094882
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	l'homas Ralabate			
		Registered Agent and Registered Office shown on the records of the 114701 Philips Highway, Suite 300	he Flor	ida Dept. of S	late:
		Registered Office Address (MUST BE FLORIDA STREET A	IDDRE	<u>(SS)</u>	10
		Jacksonville FL.		32256	 ينام •
	(b)	Robert Riva, General Counsel and Vice Presid			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (<u> </u>		
		14701 Philips Highway, Suite 300	 		
		NEW Registered Office Address:			
		Jacksonville , FL	32	256	
the age wa	e cha ent w is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	the repositive the l	gistered off company, i imited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	1	hat b	_1	COREPT E.	Printed or typed name of signee
11 pro the	herel ovisi obl. meri	we of a member or authorized representative of a member by accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of illis change.	ee to a	ict in this co	macity. I further agree to comply with the
<u> </u>	onativ	to of Registered Agent			
. 7 []	şnatti	the registered Cartin			