121000319979

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT M	AIL			
(Business Entity Name)				
(Basilloss Elilly Hallo)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status _				
Special Instructions to Filing Officer:				
1 Denois				
J. DENNIS				
18.19.24				

Office Use Only



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SECRETARY OF STATE

024 DEC 18 PH 2: 2

RECEIVED

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	ame of the limited liability company: REMINGTON	VILLAS, I	LLC	 .
2 (a)		(b)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		۱	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	318 VERONA AVE		318 VER	ONA AVE
	DAVENPORT, FL 33897		DAVENPO	ORT. FL 33897
	07/13/2021		L21000319	9979
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records of	of the Florid	la Dept. of State	:
	ASSURED COMPLIANCE SERVICES, LLC			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>(S)</u>	-
	1615 WOODWARD ST			
	ORLANDO . F	L 32803		2024 DEC SECRETA
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office a	ddress:	PH ED
	Corporation Service Company			
	NEW Registered Office Address:			ライス ライス 27
	1201 Hays Street			-
	Tallahassee	L_32301		
				-
If the l	imited liability company is not organized under the last or changes are made, the Florida street address of the	aws of the	e State of Flo red office and	orida, it is hereby confirmed that after the
agent v	will be identical. Or, in the case of a Florida limited I	liability co	ompany, it is	hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of th			
	Philip K. Calandrino		-	drino, Authorized Person
Signa	ture of a member or authorized representative of a member		.	Printed or typed name of signee
I here provisi the obl to mer notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.			
<u></u>	Inace Cotuble	irace E	. KIRBY, AS	SST. VICE PRESIDENT