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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE WILDFLOWER HOME SALES LLC

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K. SALY

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

To 18506176383

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.	Name of the limited liability company: WILDFLOWE	R HOM	ME SALES LLC
2. (a	) Principal office address of limited liability company:	(b)	)
	(Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	_	7901 4th St N STE 300
	St. Petersburg, FL 33702		St. Petersburg, FL 33702
	01/05/2023		L23000012939
3.	Date of filing/registration in Florida	4.	Document number
5. (a	i) FAN, KAREN		
	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:
	80 N MOORE ST.		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS]	l E E n
	11D		
	NEW YORK	10013	FILE 1. 1812: 45
(b	Northwest Registered Agent LLC		72
<b>\</b> *	Enter name of NEW Registered Agent and/or NEW Registered	Office add	tress:
	7901 4th St N		<del></del>
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg . FL.	33702	
the cl agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the regist bility cor f the limi	stered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
4	Sature of a member or authorized representative of a member		Nat Smith
			Printed or typed name of signee
provi the oi to me	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided rely reflect a change in the registered office address. I he	ce to act . performa I for in C pereby co.	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been

Taylor Newman - Assistant Secretary

Signature of Registered Agent