LLC			2888202	2171CR
	ncipal Place of Business: RAL HWY #286 84997			
Current Mai	ling Address:			
	DERAL HWY #286 L 34997 US			
FEI Number: 84-1993179			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
	OF PAUL A. LESTER, P.A. AND BLVD STE 1400 56 US			
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE	E: PAUL A LESTER			09/27/2021
SIGNATURE	E: PAUL A LESTER Electronic Signature of Registered Agent			09/27/2021 Date
	Electronic Signature of Registered Agent	Title	MGR	
Authorized	Electronic Signature of Registered Agent Person(s) Detail:	Title Name	MGR MARSHALL, CRAIG S	
Authorized	Electronic Signature of Registered Agent Person(s) Detail : MGR		-	
Authorized Title Name	Electronic Signature of Registered Agent Person(s) Detail : MGR MARSHALL, TODD C 3340 SE FEDERAL HWY #286	Name	MARSHALL, CRAIG S 3340 SE FEDERAL HWY #286	
Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : MGR MARSHALL, TODD C 3340 SE FEDERAL HWY #286	Name Address	MARSHALL, CRAIG S 3340 SE FEDERAL HWY #286	
Authorized Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Person(s) Detail : MGR MARSHALL, TODD C 3340 SE FEDERAL HWY #286 STUART FL 34997	Name Address	MARSHALL, CRAIG S 3340 SE FEDERAL HWY #286	
Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Person(s) Detail : MGR MARSHALL, TODD C 3340 SE FEDERAL HWY #286 STUART FL 34997 MGR	Name Address	MARSHALL, CRAIG S 3340 SE FEDERAL HWY #286	
Authorized Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Person(s) Detail : MGR MARSHALL, TODD C 3340 SE FEDERAL HWY #286 STUART FL 34997 MGR LESTER, PAUL A 9150 S. DADELAND BLVD STE 1400	Name Address	MARSHALL, CRAIG S 3340 SE FEDERAL HWY #286	

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Entity Name: MAIN STREET RESIDENTIAL ASHLEY PLACE SPE HOLDINGS,

DOCUMENT# L19000104608

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: TODD MARSHALL

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

09/27/2021

FILED Sep 27, 2021

Secretary of State

Date