814608

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer J. HORNI		
AUG - 1 2023		

Office Use Only



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06/20/23--01025--012 **140.00



COVER LETTER

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TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Baird Homes of Leesburg. Inc	
Name	of Corporation	
DOCU	UMENT NUMBER: 814608	
The en	nclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this m	natter to the following:
•	V. II	
	Kullmann of Contact Person	
	Home Corporation	
	Company	
	J.S. Hwy 441	
Addres		
	nd Park, FL 34731	
City/Si	tate and Zip Code	
	jkullmann@bairdcorp.com	
E-mai	l address: (to be used for future annual re	eport notification)
For fur	rther information concerning this matter, ples	ase call:
Kacio	e DeArmond	at (352) 787-2500 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the De	epartment of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Indiana in the change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Baird Homes of Leesburg, Inc
2. The principal	office address: 3475 U.S. Hwy 441 Fruitland Park, FL 34731
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 07/26/1960 Document number: 814608
5. The name and Florida Depart	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Humphrey, Dean RA
	35800 Grays Airport Road S
	Fruitland Park, FL 34731
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office 20 20 20 20 20 20 20 20 20 20 20 20 20
	907 Webster Street
	P.O. Box NOF acceptable
	Leesburg, FL 34748
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Meliad	Michael Brent Humphrey, President Printed or typed name and title
I heroby accept I further agree of my duties, an document is ber	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the steen notified in writing of this change.
	06/42)
Sig	mature of Registered Agent Date
If signing on be	chalf of an entity:
	Charles D. Johnson
T	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *