Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Email Address:_

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

REGISTERED AGENT CHANGE AV HOMES, INC.

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Corporate Filing Menu

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H220000161343

COVER LETTER

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Division of Corporations
SUBJECT: AV HOMES, INC. Name of Corporation
DOCUMENT NUMBER: 832355
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo at (888) 705-7274
Name of Contact Person at (888) 705-7274 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	provisions of sections (inge is submitted for a	corporation organi	ized under the la	ws of the State of $_$	DELAWARE	_
in orde	r to change its register	ed office or registe	red agent, or bot	h, in the State of Fi	lorida.	
i. The name of t	the corporation:AV I	HOMES, INC.				
2. The principal SCOTTSDALE	office address:	NORTH SCOTTS	SDALE ROAD S	UITE 2000		_
	ddress (if different): _					_
4. Date of incoη	poration/qualification:	05/16/1974	Document i	number: 832355		
5. The name and	i street address of the c trment of State: (If resign NRAI SERVICES,	urrent registered ag gned, enter resigno	gent and registere d)	ad office on file with	h the	
	1200 SOUTH PINE	ISLAND ROAD				
	PLANTATION		FL 33	3324		
6. The name and (if changed):	Registered Ac	gent Solution	is, Inc.	1 /or registered offi	ce	
	155 Office Pla		Suite A			
	Tallahassee	FL	*	1		
as changed will Such change wa authorized by the hereby accept I further agree to formy duties, and	ess of its registered off be identical. as authorized by resolute board, or the corporate of an ottor or director the appointment as reo comply with the property of lam familiar with a no filed merely to reflute been notified in writing	ation duly adopted ation has been not gistered agent and visions of all statu and accept the obliged a change in the	by its board of cified in writing of Jaclyn Wright, A	directors or by an of the change. ssistant Secretary	officer so	
Hoeb	anzie det		01/12/2022	<u> </u>		122 JA
	half of an entity:			Date	4888	N 12
2 0	Assistant Secretary				는 기술	2
	ped or Printed Name				07: /IS	<u>00</u>
		• • • #II INC FF	r. e16 00 + + +)RIC	ÇJ

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)