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To:

Division of Corporations

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.

Email	Address:			 	

REGISTERED AGENT CHANGE PALM HARBOR VILLAGES, INC.

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PH 12:

COVER LETTER

ro:	Amendment Section
	 Division of Corporations

SUBJECT: Palm Harbor Villages, Inc.	
Name of Corporation	
DOCUMENT NUMBER: F11000001899	
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	. 20
Name of Contact Person	2023 HAY 22
Registered Agent Solutions, Inc.	
Firm/Company	2
Corporate Center One, 5301 Southwest Pkwy, Ste 400	A SS
Address	25.5
Austin, Texas 78735	
City/State and Zip Code	TALLAHASSEE, FL
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mary Castilo Name of Contact Person at (888) 705-7274 Area Code & Daytime 7	
Name of Contact Person Area Code & Daytime 1	elephone Number
Enclosed is a \$35,00 check made payable to the Department of State.	

→ 18506176380

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

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

	provisions of sections 607.0, ange is submitted for a corpo			_	
	er to change its registered of				
1. The name of	the corporation: Palm H	arbor Villages,	Inc.		
	office address: 3636 N.) Phoenix,	AZ 85012
3. The mailing a	address (if different):				.,,
4. Date of incor	poration/qualification: <u>5/3</u>	/2011 Docum	nent numb	_{er:} <u>F11000</u>	001899
	d street address of the current rtment of State: (If resigned.		istered off	ice on file with t	he
	CORPORATION	ON SERVICE	CON	//PANY	202
	1201 HAYS STREET				3 HA
	TALLAHASSEE	Fl	_ 32	2301	1023 MAY 22 AM 8
5. The name and (if changed):	d street address of the new re			registered office	AH 8: 44 SEE, FL
	2894 Remington	Green Ln. Ste.	Α	·	
	Tallahassee	P.O. Box NOT acceptable FL 32	2308		
The street address changed will	ess of its registered office ar be identical.	nd the street address of the	ne busines	s office of its re	gistered agent,
Such change wanthorized by the	as authorized by resolution one board, or the corporation	duly adopted by its board has been notified in writ	d of direct ting of the	ors or by an offi change.	icer so
s/ Matt Ni		Matt			esident
hereby accept further agree to f my duties, an locument is bei	te of an officer of director the appointment as register to comply with the provision of I am familiar with and ac- ing filed merely to reflect a c s been notified in writing of	is of all statutes relative cept the obligation of my change in the registered	et in this c	ged name and title apacity, aper and comple as registered ag lress, I hereby co	te performance yent. Or, if this onfirm that the
Щ	residil	05/22/	/2023		
Sign	nature of Registered Agent	M*************************************		Date	
f signing on be	half of an entity:				
Mackenzie Hible	r, Assistant Secretary				
r _:	yped or Printed Name				
	* * *]	FILING FEE: \$35.00 *	* *		

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