	(Requestor's Name)		
	(Address)	<u> </u>	
	(Address)		
*************************************	(City/State/Zip/Phone #)		
PICK-U	P WAIT	MAIL	
	(Business Entity Name)	_	
(Document Number)			
Certified Copies	Certificates of \$	Status	
Special Instruction	s to Filing Officer:		
		:	

Office Use Only



900390555969
TALLARASSEE, FI

55.45. (1776) 61; ***(75,00



A. BUTLER AUG 1 5 2022

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 Singe is submitted for a corporation organized under the laws of the State of $\underline{\mathbb{D}}$ to change its registered office or registered agent, or both, in the State of Fi	elaware		_
1. The name of t 2. The principal SAN FRANCISC	the corporation: DIVVY HOMES INC. office address: CO, CA 94108			<u> </u>
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 01/09/2020 Document number: F2000000	0154		
	street address of the current registered agent and registered office on file wittment of State: (If resigned, enter resigned)	h the		
	UNIVERSAL REGISTERED AGENTS, INC.			
	3458 Lakeshore Drive			
	Tallahassee, FL 32312	10	2	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	ECKE I	2022 AUG	===
	UNIVERSAL REGISTERED AGENTS, INC.	医乳	~	1
	1317 California Street.	998 1988 1988 1988 1988 1988 1988 1988	AH	-
	P.O. Box NOT socceptable Tallahassee, FL 32312	STATI E, FI	9	محم
	ss of its registered office and the street address of the business office of its be identical. s authorized by resolution duly adopted by its board of directors or by an e board, or the corporation has been notified in writing of the change.		red age	:nt,
Signatur	e of an officer or director Printed or typed name and till	l e		_
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and com d I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereb been notified in writing of this change.	plete pe l agent. y confir	rforma Or, if m that	nce this the
	8/11/2022			_
	half of an entity:			
Kent Rockwell	uair or an entry.			
	oped 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)