

(Re	questor's Name)	
(Ad	dress)	
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,	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
RA Sign		
/	Office Use On	lv



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K SALY JAN 22 23a



November 26, 2018

REGISTERED AGENTS, INC. BILL HAVRE 3030 N ROCKY POINT DR. STE. 150A TAMPA, FL 33607

SUBJECT: A-LIST HOMES LLC Ref. Number: L06000111516

We have received your document for A-LIST HOMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00024089

Karen A Saly Regulatory Specialist II

7019 JAY 18 AN 11:34

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A-LIST HOMES LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Bill Havre Name of Person		
Registered Agents, Inc.		
3030 N Rocky Point Dr. STE 150-A		
Tampa FL 33607 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Lauren Olson at (954) 815-4779 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified Copy		
INHS18 (2/14)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

rioria	a.
1. Na	ame of the limited liability company: A-List Homes LLC
2. (a)	(b)
ne)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) A D D D D D D D D D D D D D D D D D D
•	3030 N ROCKY Point Dr. 3030 N Rocky Point Dr. STE 150
	Tampa, FL 33607 Tampa, FL 33607
2	11-15-2006 L06000111516
3.	Date of filing/registration in Florida 4. Document number
5. (a)	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	304 Indian Trace #303
	Weston FL 33326
(b)	Registered Agents Inc.
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	3030 N Rocky Point Dr. STE 150A
	Tampa .FL 33607
the cha agent v	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
the arti	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
\varkappa	ausen B (lam lauren B Olson
Signa	ture of a member of authorized representative of a member Printed or typed name of signee
provisi the obl to meri	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been a fulfilling of this change.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent