## LITCCCC 1541

	(Requestor's Name)				
<del></del>	(Address)				
	(Addicas)				
(Address)					
	(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL MAIL			
	(Business Entity Name)				
	(Dusiness Entity Name)				
	(Document Number)				
Certified Copies	_ Certificates of S	tatus			
	_	<u></u>			
Special Instructions to	Filing Officer:				
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Office Use Only



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A. BUTLER SEP 2 2 2022

## **COVER LETTER**

	FO: Registration Section Division of Corporations				
SUBJEC"	r. CLASSIC COMMUNITIE	S, LLC			
00110170	Name of Limited Liability Company				
Dear Sir o	r Madam:				
The enclo	sed Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.		
Please reti	urn all correspondence concerning thi	s matter to	the following:		
C. Shie	elds				
	Name of Person				
Harbor	Compliance				
	Firm/Company				
1830 C	Colonial Village Ln				
	Address				
Lancas	ster, PA 17601				
	City/State and Zip Code				
profess	sional@harborcompliance.c	com			
E-m	ail address: (to be used for future ann	ual report n	otification)		
For furthe	r information concerning this matter,	please call:			
Harbor C	Compliance	_ at (717	, 431-9037		
	Name of Person		Area Code & Daytime Telephone Number		
R D C 26	rreet/Courier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
7	\$25 Filing Fee		\$55 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.

1. Na	une of the limited liability company: CLASSIC	COMMU	NITIES, LLC	
2. (a)	4014 Commons Drive West	(b) P.O. E	<sub>(b)</sub> P.O. Box 456	
( <b>u</b> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- · · · <del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	110	_ 1 Gully	y Ave.	
	Destin, FL 32541	Philade	Iphia, MA 39350	
	08/16/2007	L07000	001541	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	RUNNELS, DAVAGE JIII			
J. (a)	Registered Agent and Registered Office shown on the records of th	ne Florida Dept. of Sta	te:	
	4014 Commons Drive West			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	_	
	110			
	Destin , FL	32541	_	
/1.5	Registered Agents Inc.		262	
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	2 SE	
	7901 4th St N		2022 SEP 21	
	NEW Registered Office Address:		P P P	
	STE 300		19 5 5 m	
	St. Petersburg	33702	22 21	
the cha agent v was/was/wathe art	imited liability company is not organized under the law inge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the latter of a member or authorized representative of a member	the registered offic bility company, it f the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
I here provis the obi to mer notitie	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.  Bill Havre - Assistant	performance of my l for in Chapter 60 vereby confirm that	pacity. I further agree to comply with the	

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