

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002718593)))



H190002718593ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HARPER MEYER #2 Account Number : I20060000101 : (305)577-3443 Phone : (305)577-9921 Fax Number

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

Email Address: sdiaz@harpermeyer.com

LLC REGISTERED AGENT CHANGE HOUSINVEST LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

T GLASS SEP 1 2 2019

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.

| 2. (a) 407 Lincoln Road | (b) | 107 Lincoln Road |
|---|--|--|
| Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| Suite 8M | | Suite 8M |
| Mlami Beach, FL 33139 | <u>N</u> | Miami Beach, FL 33139 |
| April 20, 2010 | L1 | 0000042346 |
| 3. Date of filing/registration in Florida | 4. | Document number |
| Gregory A. Sanoba | | |
| 5. (a) Registered Agent and Registered Office shown on the records o | f the Florida De | ept. of State; |
| 422 South Florida Avenue | | |
| Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | 2019 SE? |
| | | 3.5 6 |
| Lakeland | 33801 | |
| , F | L | ō ii |
| Law Center of the Americas, LLC | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registere | d Office addre | <u>u:</u> . ့ ယ့ |
| 201 South Biscayne Boulevard | | 1,2 |
| NEW Registered Office Address: | | |
| Suite 800 | | |
| 00110 000 | | |
| Miami _E | L 33131 | |
| | | |
| If the limited liability company is not organized under the latthe change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lwas/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the | of the register liability comp of the limite | red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in |
| Signature of a member or authorized representative of a member | | Printed or typed name of signee |
| I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, notified in writing of this change. Signature of Registered Agent | gree to act in e performan led for in Chu I hereby conj | this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been |
| Division of Corporations P.O. | Box 6337- | Tallahassas Fl. 37314 |

FILING FEE: \$25.00