L10000060497

	equestor's Name)			
(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone #)	<u> </u>		
PICK-UP	☐ WAIT	MAIL		
	usiness Entity Name)			
(50	iomedo Emily Harrio,			
(DC	ocument Number)			
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
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U5/24/21==U1029==U10 **25.00

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 19, 2021

Order#: 819975/019

Re: GREENPOINTE HOMES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX___ Return Regular Mail in the enclosed envelope.

Attn:Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.	. Name of the limited liability company: GREENPOINTE HOMES, LLC ——————————————————————————————————				
?	(a)	7807 Baymeadows Road East	(b)		
	(/	Principal office address of limited liability company:	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		(Note: MUST BE STREET ADDRESS) Suite 205		(Note: Mat Br. FOST OF FICE BOX)	
					
		Jacksonville, FL 32256	-		
		06/07/2010	L10000	060497	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	Feldman & Mahoney, P.A.			
- ' -	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State		State: *2	
		2240 Belleair Road, Suite 210		State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
				21,	
		Clearwater, FL	33764	2	
		,\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	7: 1, 8	
	(b)				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		
		Corporation Service Company			
		NEW Registered Office Address:			
		1201 Hays Street			
		Tallahassee	32301		
			6.1 0		
II 1 cha	the li ange	mited liability company is not organized under the law or changes are made, the Florida street address of the	s of the State of registered office	and the business office of the registered	
		vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of			
		cles of organization or the operating agreement of the I			
		ward E. Burr	Edward E. E		
	-	ure of a member or authorized representative of a member		Printed or typed name of signee	
pro the to	ovisie obli mere	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the writing of this change.	ve to act in this co performance of n I for in Chapter (ereby confirm th orporation Scry	ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed aat the limited liability company has been	
Sie	(re of Registered Agent	mi M. Casper.	Asst. Vice President	