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J. LEGGETT MAR 22 2018

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 com	pany: AVESTA HOM	IES LLC				
2. (a	n)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5118 N 56TH STREET		(b	P.O. BO	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3311029		
		TAMPA, FL	33610			FL 33680		
_		04/26/2011		_ , -	L110000			
3.		Date of filing/registra	tion in Florida	4.		Document numi	ber	
5. (Reg M	istered Agent and Registered Off ICINTYRE, RICHARD J gistered Office Address (MUS)	ice shown on the records o	f the Florida	Dept. of State	- e: -		
			_					
		501 EAST KENNEDY BOUI	LEVARD SUITE 1900			-		<u>o</u>
	<u> </u>	AMPA	, F	L <u>33602</u>		-) 2)
(1	Ente	orporation Service Companer name of NEW Registered Age 201 Hays Street W Registered Office Address:		d Office add	ress:	-	: ! •	TH: 07
	— Та	ellahassee	F	32301		-		
the cagen was/the a	e limite hange t will l were a rticles	ed liability company is not or changes are made, the F be identical. Or, in the case of organization or the oper ERTO DE ALEJO	organized under the la lorida street address o e of a Florida limited l e vote of the members ating agreement of the	ws of the f the regis iability co of the limited li	State of Flo tered office mpany, it is ited liability ability con	e and the busines s hereby confirm y company or as	s office of ed that the otherwise	the registered change(s) provided in
prov the o to m notif	isions bligat erely r ied in	ccept the appointment as re of all statutes relative to th ions of my position as regis eflect a change in the regis writing of this change. Registered Agent Corporation	ë proper and complete tered agent as provid tered office address, l	e performo ed for in C hereby co	ince of my i hapter 605 nfirm that	acitv. I further a duties. and I am i. F.S. Or, if this the limited liabil rby, Asst. Vice	familiar w document ity compa	ith and accept is being filed ny has been

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