## L11000141417

(Requestor's Name)					
(Ad	dress)				
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(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
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(Do	cument Number)				
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TALLAHASSEF FORMS

B. BOSTICK
JUL **1 8** 2013

**EXAMINER** 



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 15, 2013

Order#: 717958/016

Re: K. HOVNANIAN HOMES OF FLORIDA I, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Evelyn Wright

c/o Corporation Service Company

2711 Centerville Road, Suite 400

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

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: K. HOVNANIA	N HOMES OF FLORIDA I, LLC
2. (a) Principal office address of limited liability compa ( <u>Note: MUST BE STREET ADDRESS</u> )	ny: 5439 Beaumont Center Boulevard, Suite 1050 Tampa FL 33634
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5439 Beaumont Center Boulevard, Suite 1050 Tampa FL 33634
12/16/2011	L11000141477
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	
Registered Agent:	NRAI Services, Inc
Registered Office Address:	1200 South Pine Island Road Plantation FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
Dona Priebe, Authorized Person Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company:	
Signature of Registered Agent Corporation Service Company	April Hudson, Asst VP

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

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

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-	·				
1. Na	me of the limited liability company: K. HOVNANIAN	HOMES OF FLORIDA I, LL	<u>C</u>		<u> </u>
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 5439 Beaumont Center Boulevard, Suite 1050 Tampa FL 33634			
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5439 Beaumont Center Boulevard, Suite 1050 Tampa FL 33634			
12/16/	/2011	L11000141477			
		4. Document number			
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida	Dept. of	State:	
•	Registered Agent:	NRAI Services, Inc			
	Registered Office Address:	1200 South Pine Island Ro Plantation FL 33324	pagt,	2fl3 JUL	<u>-[1]</u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>			. 17 AM	¥
	NEW Registered Agent:	Corporation Service Comp		<del></del>	Final
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		<del>S</del> :	
		Tallahassee	,FI	<u>_32301</u>	
confir and th liabili the me the op	limited liability company is not organized under the l med that after the change or changes are made, the Flee business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise reating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a F was/were authorized by a	register Florida li in affirm	red offi imited native v	ote of
_					
	Priebe, Authorized Person or typed name of signee	_			
I here compl and I Chapt addre By:	eby accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacit per and complete perfori sition as registered agent rely reflect a change in th has been notified in writ	y. I furt nance of as provi e registe ing of th	her agn f my du ided foi ered off nis char	ree to ties, c in îce ige.

Signature of Registered Agent Corporation Service Company April Hudson, Asst VP

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