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(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Document Number)				
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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#: 717958/081

Re: K. HOVNANIAN TERRALARGO, 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



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. HOVNANIAN	TERRALARGO, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	Red Bank NJ 07701
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	110 West Front Street Red Bank NJ 07701
10/22/2012	L12000134730
	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 Road Plantation FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Dana Briata Authorized Barrer	
Dona Priebe, Authorized Person Printed or typed name of signee	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisional I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company By:	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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



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10/22	/2012	L12000134730	<u> </u>
3. Da	nte of filing/registration in Florida	4. Document number	ي کي ا
5. (a) Registered Agent and Registered Office shown on	the records of the Florid	a Dept. of State:
	Registered Agent:	NRAI Services, Inc	लंड च्या स्थि
	Registered Office Address:	1200 South Pine Island Plantation FL 33324	Road CO
<u> </u>		Corporation Service Cor	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
		Tallahassee	,FL <u>32301</u>
confir and the liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the February street of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherworking agreement of the limited liability company. The of a member or authorized representative of a member	lorida street address of the tical. Or, in the case of a	he registered office Florida limited
	Priebe, Authorized Person or typed name of signee		
By:	eby accept the appointment as registered agent and ely with the provisions of all statutes relative to the property with and accept the obligations of my pater 608, F.S. Or, if this document is being filed to make the limited liability company of the company of Registered Agent. Company of Registered Agent.		
Signati	corporation Service Company	April Hudson, Asst VP	,

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