112000139156

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
☐ PICE-JP ☐ WAIT ☐ MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					

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WHISY-7 PT 3:07

2021 MAY -7 PM 2:3

O SIMMONS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 7981388322602								
AUTHORIZATION: Sinche Rena								
COST LIMIT : \$ 25.00								
ORDER DATE : May 6, 2021								
ORDER TIME : 9:32 AM								
ORDER NO. : 798138-015								
CUSTOMER NO: 8322602								
CHANGE OF AGENT								
NAME: AHS CONSTRUCTION, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY								
XX PLAIN STAMPED COPY								
CONTACT PERSON: Alexxis Weiland EXT#								

EXAMINER:

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	AHS CONSTRUCTION, LLC					
	Nan	e of Limited L	iability Company			
Dear Sir or	Madam:					
The enclose	d Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please retur	n all correspondence concerning thi	s matter to the	following:			
Carlos E. G	Sonzalez					
	Name of Person		_			
AHS Resid	ential					
	Firm/Company		_			
12895 SW	132nd St					
	Address					
Miami, FL 3	33186					
	City/State and Zip Code		_			
cmerino@a	hsresidential.com					
E-mai	l address: (to be used for future ann	ual report notif	ication)			
For further	information concerning this matter,	please call:				
Carlos E. G	ionzalez	305 at (255-5527			
	Name of Person	\ <u></u>	Area Code & Daytime Telephone Number			
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	closed is a check for the following	amount:				
- \$	25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy			
INHS18 (2/1-	4)					

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. Na	me of the limited liability company: AHS CONST	RUCTION,	LLC	
2. (a)				
<u> -</u> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12895 SW 132nd St		12895 SW	/ 132nd St
	Miami, FL 33186	<u> </u>	Miami, FL	33186
	11/01/2012		L12000139	156
3.	Date of filing/registration in Florida	 4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	· ;;
	AHS Residential, LLC			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u> </u>	ಕ್ರಾ
	12895 SW 132ND STREET			man de la companya de
	Miami	33186		
	, I	FL		7
(1)				
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	lress:	; ;
		· · · · · ·		. 0
	Corporation Service Company			7
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	22204	<u> </u>	
	, F	PL_32301	.	
change agent w was/we the arti-	mited liability company is not organized under the learn changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited are authorized by an arthropative vote of the members cles of organization of the operating agreement of the	ne registere liability con s of the limi ne limited li	d office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signat	ure of a member or humarized representative of a member			Printed or typed name of signee
provision the obli to mere	y accept the appointment as registered agent and as ons of all statutes relative to the proper and complet gations of my position as registered agent as provid ly reflect a change in the registered office address to in writing of this change.	'e neriorma	nce at mu d	uties and Lam familiar with and accent
Signatur	e of Registered Agent - Mandie E. Moli	Reblama, Assistant Aug Po	co-kat	