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March 9, 2017

WILLIAM DANIEL 1212 N. 39TH ST, SUITE 400 TAMPA, FL 33605

SUBJECT: CFD HOMES, LLC Ref. Number: L12000148677

We have received your document for CFD HOMES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 517A00004557

## **COVER LETTER**

Division of Corporations	•
SUBJECT: CFD Homes, U.C. D	BA Bay Area Chell, LLC ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
William Daniel Name of Person	<del> </del>
CFD Homes, LLC DBA Bay Ar Firm/Company	ea Shell, LCC
1212 N 39th St Suite 400 Address	
Jampa FL 33605 City/State and Zip Code	•
Willabayareashell. com E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	, please call:
William Daniel	_at (813 ) 409 - 5408
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
☐ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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 Ni-	CEO HODOGE LLE DED DE ARRA CHALL III
I. Na	ame of the limited liability company: CFD Homes, UC DBA Bay Area Shell, UC
2. (a)	(b)
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1212 N 39th St Suite 400 1212 N 39th St Suite 400
	Tampa, FL 33605 Tampa, FL 33605
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Laisa II abiland Managara Carra 266
	Tampa ,FL 33610
(1.)	Same For 2
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:
	1212 N 39th Ct Suite 400
	Tampa , FL 33605
the char agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
Signat	ure of a member or authorized representative of a member  William Bevis/ Printed or typed name of signee
provision the oblition to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

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

Signature of Registered Agent