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SEURITARY OF STATE
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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 16, 2013

Order#: 717956/132

Re: K. HOVNANIAN AT DUVAL POINTE, 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.

2				
1. Name of the limited liability company: K. HOVNAN	IIAN AT DUVAL POINTE, LLC			
2 (a) Driveinal office address of limited lightlifty care	manus 110 West Front Street			
2. (a) Principal office address of limited liability comp	c/o Hovnanian Enterprises			
(Note: MUST BE STREET ADDRESS)	Red Bank NJ 07701	声流 器		
	Neu Balk NJ 07701			
(b) Mailing address of limited liability company:	110 West Front Street	整門 冒		
(Note: MAY BE POST OFFICE BOX)	c/o Hovnanian Enterprises	70.55		
(Note: MAT BET OST OTTICE BOX)	Red Bank NJ 07701	 		
	Trea Barik 140 07701	THE THE		
02/28/2042	1.42000046650	五郎		
03/28/2013	L13000046650			
3. Date of filing/registration in Florida	4. Document number	AN IN: 40 OF STATE E. FLORIDA		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept	t. of State:		
Registered Agent:	NRAI Services, Inc	NRAI Services, Inc		
D 1 1000 A 11	4000 0 11 00 11 15 1			
Registered Office Address:	1200 South Pine Island Road			
	Plantation FL 33324			
	·			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address Corporation Service Company	:		
NEW Registered Office Address:	1201 Hays Street			
(MUST BE FLORIDA STREET ADDRESS)	Tollahanan	ICT 20204		
	Tallahassee	_,FL <u>32301</u>		
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	he Florida street address of the reg dentical. Or, in the case of a Flori- ge(s) was/were authorized by an af erwise provided in the articles of o	istered office da limited firmative vote of		
Dona Priebe, Authorized Person Printed or typed name of signee				
I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com. By:	nd agree to act in this capacity. I e proper and complete performand y position as registered agent as p o merely reflect a change in the reg pany has been notified in writing o	further agree to ce of my duties, provided for in gistered office 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