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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Email Address:

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE WOLF LAKE HOMES LLC

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OCT 2 6 2022

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

Florida 1. Na		Lake H	omes Ll	_C	
2. (a)			(b)		
(,	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)		
	4770 BISCAYNE BLVD, STE 72	20	4770 B	ISCAYNE BLVI	O, STE 720
	MIAMI FL 33137		MIAMI F	L 33137	
	12/10/2013		I 1300i	0171688	
3.	Date of filing/registration in Florida	4.	<u> </u>	Document number	
	ADNOLD K				
5. (a)	ARNOLD, K Registered Agent and Registered Office shown on the re	ecords of the Flor	ida Dent, of State		
	4770 BISCAYNE BLVD	cond of the Five	ida ezepii. Air enade	••	
	Registered Office Address (MUST BE FLORIDA S	STREET ADDRE	551		
	•	HKELT ADDRE	<u> </u>		
	SUITE 720			-	
	MIAMI	_{FL} 3313	37		
(b)	Registered Agents Inc				
10)	Enter name of NEW Registered Agent and/or NEW R	legistered Office	address:	•	202
	7901 4th St N				2022 OCT 26 PM
	NEW Registered Office Address:				56 2. i.c.
	STE 300			·•	26 P
	St. Petersburg	FL_3370	02	LORIO	15:54
the cha agent v was/we	imited liability company is not organized underinge or changes are made, the Florida street adwill be identical. Or, in the case of a Florida liere authorized by an affirmative vote of the meicles of organization or the operating agreemen	ldress of the re imited liability embers of the l	gistered office company, it is imited liability	c and the business off s hereby confirmed th y company or as other	ice of the registered iat the change(s)
	Rilun Park		iley Park		
Signa	sture of a member or authorized representative of a memb	ner		Printed or typed name of	signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre - Assistant Secretary

Signature of Registered Agent