Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

	∆ddress:			
-niai i	MILLION PART			

LLC REGISTERED AGENT CHANGE ROYAL OAK HOMES, LLC

Certificate of Status 0 0 Certified Copy 01 Page Count \$25.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Royal Oak Home	s, LLC
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwes	t Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual	ual report notification)
For further information concerning this matter,	please call:
Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

15129570210

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.

ne of the limited liability company: Royal Oak	Homes, LLO	3
1900 NORTH SCOTTSDALE ROAD	(b) 4900 N	IORTH SCOTTSDALE ROAD
Principal office address of limited liability company:	- '	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
SUITE 2000	SUITE	
SCOTTSDALE, AZ 85251	SCOT	TSDALE, AZ 85251
2/12/2014	L14000	0024705
Date of filing/registration in Florida	4.	Document number
NRAI SERVICES, INC		
Registered Agent and Registered Office shown on the records of th	- e:	
1200 SOUTH PINE ISLAND ROA		
Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	-
PLANTATION FL	33324	- -
Registered Agent Solutions, Inc.		
inter name of NEW Registered Agent and/or NEW Registered (-	
155 Office Plaza Dr.		_
NEW Registered Office Address:		
Suite A		-
Tallahassee	32301	
	Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS) SUITE 2000 SCOTTSDALE, AZ 85251 2/12/2014 Date of filing/registration in Florida NRAI SERVICES, INC Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAL Registered Office Address PLANTATION Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered Continued Continue	Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS) SUITE 2000 SUITE SCOTTSDALE, AZ 85251 SCOT 2/12/2014 Date of filing/registration in Florida NRAI SERVICES, INC Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 1200 SOUTH PINE ISLAND ROAD Registered Office Address MUST BE FLORIDA STREET ADDRESS) PLANTATION FL 33324 Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 155 Office Plaza Dr. NEW Registered Office Address:

the articles of organization or the operating agreement of the limited liability company.

/s/	Jaclyn Wright	Jaclyn Wright
_	Signature of a member or authorized representative of a memb	per Pr

Assistant Secretary

rinted or typed name of signee

Thereby 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.

Signature of Registered Agent

Mackenzie Hart, Asst. Secretary