

(Requestor's Name)	-
(Address)	-
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(City/State/Zip/Phone #)	-
(Business Entity Name)	-
(Document Number)	-
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S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DFH Office, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Riva

Name of Person

Dream Finders Homes LLC

Firm/Company

14701 Philips Highway, Suite 300

Address

Jacksonville, FL 32256

City/State and Zip Code

Robert.Riva@DreamFindersHomes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Riva

Name of Person

904) 644-7670

at (

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:

🕅 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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,

. (a)	360 Corporate Way, Suite 100	(b)	360 Corpo	rate Way, Suite 100
. (,	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)			ng address of limited liability company: <i>ne: MAY BE POST OFFICE BOX</i>)
	Orange Park, FL 32073		Orange l	Park, FL 32073
	07/25/2014		L140(00117036
	Date of filing/registration in Florida	4.	Doc	cument number
101	Corporate Creations Network, Inc.			
. (a)	Registered Agent and Registered Office shown on the records o	f the Florida De	pt. of State:	
	11380 Prosperity Farms Road #221E			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	Palm Beach Gardens F	L33410		
(b)	Robert Riva, General Counsel and Vice Pres	sident		\mathcal{O}
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addres	<u>×</u> :	
	14701 Philips Highway, Suite 300			- 05 05
	<u>NEW</u> Registered Office Address:			
	Jacksonville	32256		
	F	1		
ne cha gent v 'as/we	imited liability company is not organized under the la inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members eless of organization or the operating agreement of th	of the register iability comp of the limited e limited liab	ed office and bany, it is her d liability cor ility company	I the business office of the registere reby confirmed that the change(s) mpany or as otherwise provided in y.
(,	here of a member of authorized representative of a member	PIRCH	<u>,7 E. Pivi</u>	4 , 1R. ited or typed name of signee
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nonfied in Fring of this change.

Г ignature of Registered (gent

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

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