45000032038

(Requestor's Name)	
(Address)	8004118
(Address)	
(City/State/Zip/Phone #)	07/11/23010
PICK-UP WAIT MAIL	0.0°
(Business Entity Name)	S. CHATHAM
(Document Number)	AUG 17 2023
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CC	COVER LETTER							
TO: Registration Section Division of Corporations	•							
GARDEN SPRINGS FAMILY COMMUNITSUBJECT:	TIES. LLC							
	mited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.							
ricuse return an correspondence concerning this matte	er to the following:							
Kymberly Kingdon								
Name of Person								
GARDEN SPRINGS FAMILY COMMUNITIES, LLC								
Firm/Company	.							
503 E. Jackson St #155								
Address								
Tampa, FL 33602								
City/State and Zip Code								
glenn.pearson2021@gmail.com								
E-mail address: (to be used for future annual rep	ort notification)							
For further information concerning this matter, please	call:							
	603 560-2709							
Name of Person	Arca Code & Daytime Telephone Number							
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallanassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303							
Enclosed is a check for the following amoun	nt:							
■ \$25 Filing Fee	S55 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.

i. Na	ame of the limited liability company:	√GS F	4M	LY COM	MUNITIES, LLC			
2. (a)	503 E. JACKSON ST.		(h	503 E.	JACKSON ST.			
-/ (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0	<i>-</i>	Mailing address of		•	
	#155			#155				
	TAMPA, FL 33602			TAMPA	A, FL 33602			
	02/20/2015			L150000	32038			
3.	Date of filing/registration in Florida	 4.	•		Document num	iber		
5. (a)	Comingore, Paul							
•	Registered Agent and Registered Office shown on the records of 1971 West Lumsden Road	the Flo	orida	Dept. of S	State:	r	20	
	Registered Office Address (MUST BE FLORIDA STREET Suite 340	ADDR	ESS	2		133 JUL 11		77
	Brandon FI	3351	1					
	HAUGHEY, R.J. II					2	AH 8:	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				.;,	29		
	401 EAST JACKSON STREET							
	NEW Registered Office Address:							
	SUITE 2225							
	TAMPA FI	3360	2	· · · · · · · · · · · · · · · · · · ·				
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If it writing of this change	regis ability of the timing k	tere cor limited to tym	d office npany, i ted liabiability control to the berly Kin	and the business of the ishereby confirm the company or as ompany. Printed or typed in a practice. I further a	ffice of that so there	the reg t the cha wise pro	istered unge(s) vided in
Signatu	re of Registered Agent							