L15000143910

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer

Office Use Only



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2021 MAY -

2021 HAY -7 PH 2:32

O SIMMONS MAY 1 0 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	1200000001	.95
	REFERENCE	:	798138	8322602
	AUTHORIZATION	:	Way	y dan d
	COST LIMIT	:	\$ /25.00	end .
ORDER DATE :	May 6, 2021			
ORDER TIME :	9:32 AM			
ORDER NO. :	798138-020			
CUSTOMER NO:	8322602			
		-		
CHANGE OF AGENT				
NAME: AHS PROPERTY MAMNAGEMENT, LLC				
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	NG:
CERTIFIED COPY				
XX PLAIN	STAMPED COPY			
CONTACT PERSO	N: Alexxis Weilar	nd	EXT#	

EXAMINER:

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	AHS PROPERTY MANAGEN	MENT, LLC	
00000		Name of Limited L	iability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please re	turn all correspondence concerning	g this matter to the	following:
Carlos E	Gonzalez		
	Name of Person		
AHS Re	sidential		
	Firm/Company		_
12895 S	W 132nd St		
	Address		
Miami, F	L 33186		
	City/State and Zip Cod	le	<u> </u>
cmerino(@ahsresidential.com		
Е-п	nail address: (to be used for future	annual report notif	ication)
For furthe	er information concerning this mat	ter, please call:	
Carlos E	. Gonzalez	305 at (255-5527
	Name of Person		Area Code & Daytime Telephone Number
R D P	Mailing Address: Registration Section Division of Corporations C.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, EL 32303

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

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.

1.	Þ	Name of the limited liability company: AHS PROPER	RTY MANA	GEMENT, I	LLC		
	(a)						
- .	(**	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	d liability company:	
		12895 SW 132nd St		12895 SW	/ 132nd St		
		Miami, FL 33186		Miami, FL	33186		
		08/21/2015	I	L15000143	910		
3.		Date of filing/registration in Florida	4.		Document number	1-3 1-3 1-3	
5.	(a	Registered Agent and Registered Office shown on the records o AHS Residential, LLC	f the Florida	Dept. of State	- ::		
		Registered Office Address (MUST BE FLORIDA STREET 12895 SW 132ND STREET	ADDRESS		•	· · · · · · · · · · · · · · · · · · ·	,
		Miami , F	L 33186				
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office add	Iress:	•		
		NEW Registered Office Address:					
		1201 Hays Street					
		Tallahassee , F	32301 L				
ch ag wa the	ang ent is/v e ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	aws of the S e registered iability con of the limi e limited lia	d office and npany, it is ted liability	the business office of hereby confirmed the company or as other pany.	of the registered at the change(s) rwise provided i	
I protection to	heri ovi: ol me: tific	esture of a member of purposited depresentative of a member eby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	ree to act i e performa ed for in Ci hereby cor	in this capa nce of my a hapter 605, nfirm that to	Printed or typed name of city. I further agree luties, and I am famil F.S. Or, if this doct he limited liability co	•	the cept led