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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CAPITOL CORPORATE SERVICES, MC: Account Number : I2C1600C0048 Phone : (800)345-4647 Fax Number : (800)432-3622 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**			
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## CAPITCL SERVICES

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Pursi subm Flori	its the following statement in order to change its regi	Florida Statutes, the undersigned limited liability company istered office or registered agent, or both, in the State of
1. N	ame of the Limited Liability Company:	
2. (a	) 151 SOUTHHALL LANE	(b) 151 SOUTHHALL LANE
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of lunited liability company: (Note: NAY BE POST OFFICE ROX)
	SUITE 150	SUITE 150
	MAITLAND, FL 32751	MAITLAND, FL 32751
_	9/30/2015	L15000165935
3.	Date of filing/registration in Florida	4. Document number
5. (i	a) NM RESIDENTIAL, LLC Registered Agent and Registered Offlee shown on the records of the second sector.	he Floride Dent. of Switz
	151 SOUTHHALL LANE Registered Office Address <u>MUST BE FLORIDA STREET A</u>	IDDRESS)
	SUITE 150	
	MAITLAND , FL	32751 00 00 00 00 00 00 00 00 00 00 00 00 00
ф	Capitol Corporate Services, Inc. Fnter name of NEW Registered Agent and/or NEW Registered ( 515 East Park Avenue 2nd Fl <u>NEW</u> Registered Office Address:	Office address:
	Tallahassee, FL	32301
the c agen was/	hange or changes are made, the Florida street address of t t will be identical. Or, in the case of a Florida limited lia	vs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) f the limited liability company or as otherwise provided in limited liability company.
Sie	nature of a member or authorized representative of a member	Printed or typed name of signed
I her provi The o to me	reby accept the appointment as registered agent and agent islons of all statutes relative to the proper and complete to bigations of my position as registered agent as provided prety reflect a change in the registered office address, I h leg in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my chiles, and I am familiar with and accept a for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
		e Case, Assistant Secretary on
SIGN	nture of Registered Agent behalf o	of Capitol Corporate Services, Inc.

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