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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Reed Group Elite Homes, 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:
Michael C. Reed Name of Person
The Reed Grap Elite Horres, LLC Firm/Company
P.O. Box 147 Address
Callahan, FL 32011 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Katherine Reed at (904) 571-8184 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
Englosed is a sheet for the following amount:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee



April 16, 2018

MICHAEL C REED PO BOX 147 CALLAHAN, FL 32011

SUBJECT: THE REED GROUP ELITE HOMES, LLC

Ref. Number: L16000150685

We have received your document for THE REED GROUP ELITE HOMES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 418A00007644





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. Na	me of the limited liability company: The Reed Group Elite Homes, LL
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Michael C. Reed Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#illiard, FL 32046 Calbran, FL 32011
3.	S/11/2016 Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	44778 Artesian Blvd, Callahan, FL 32011 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	File Same as alone Enter name of NEW Registered Agent and/or NEW Registered Office address: 550738 U.S. Highway NEW Registered Office Address:
	Hilliard ,FL 32046
the cha agent w was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Signat	With Lead Printed or typed name of signee On the Read Printed or typed name of signee
	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the of so of all statutes relative to the proper and complete performance of my duties, and I am jamiliar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this charge.