## 117000/30405

(Requ	uestor's Name)	
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T. HAMPTON

## COVER LETTER

TO: Registration Section Division of Corporations				
Jet Home Loans Ventures, LLC				
SUBJECT: 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:			
<del>-</del> .				
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	(nontication)			
For further information concerning this matter, please ca	:11:			
Robert Riva 90	)			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations P.O. Box 6327			
Clifton Building	Tallahassee, Florida 32314			
2661 Executive Center Circle Tallahassee, Florida 32301	Lairanaonos, Conservator			
Enclosed is a check for the following amount:				
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## Holland & Knight

50 North Laura Street, Suite 3900 | Jacksonville, FL 32202 | T 904.353.2000 | F 904.358.1872 Holland & Knight LLP | www.hklaw.com

Sabrina Lappen 904-798-7314 Sabrina.lappen@hklaw.com

December 12, 2018

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Filing - Change of Registered Agent

To Whom It May Concern:

Enclosed please find Holland & Knight's check number 4000398 in the amount of \$50.00, and two (2) Statements of Change of Registered Agent applications for the below Florida entities:

Dream Finders Homes, LLC DFH Clover, LLC

Please do not hesitate to contact me if you should have any questions with regard to these filings. Thank you for your assistance.

Very truly yours,

HOLLAND & KNIGHT LLP

Sabrina Lappen Sr. Legal Secretary

**Business Law Department** 

/sl

Enclosures

#62290788\_v1

## 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.

Florida.	IET HOME LO	ANS VENTUR	RES, LLC	
1. Nai	me of the limited liability company:	(b) 14701	PHILIPS HIGHWA	
2. (a) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
Jacksonville, FL 32256		Jacksonville, FL 32256		
	06/15/2017	L17000	130405	
3.	Date of filing/registration in Florida	4.	Document number	
	CORPORATE CREATIONS NETWORK, INC	). 		
5. (a)	Registered Agent and Registered Office shown on the records of :	he Florida Dept. of S	State:	
	11380 PROSPERITY FARMS ROAD #221E			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	Palm Beach Gardens, FL	33410	<del>-</del>	18 DEC
4.5	Robert Riva, General Counsel and Vice Pres	ident	<del>.</del>	Sign Control of the c
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	14701 Philips Highway, Suite 300			9: 43 9: 43
	NEW Registered Office Address:			سبري
	Jacksonville , FI	32256	_ <del></del>	
If the	limited liability company is not organized under the la	iws of the State of	f Florida, it is hereby of Florida, it is hereby of the business	confirmed that after office of the registered
the ch agent	nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	iability company	, it is hereby confirme bility company or as o	d that the change(s)
	A with sixed representative of a member	Robot !	Printed or typed nan	ne of signee
I her provi the o	neture of a member or authorized representative of a member reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complet bligations of my position as registered agent as provide rely reflect a change in the registered office address, and writing of this change.	gree to act in this e performance of ed for in Chapte I hereby confirm	s capacity. I further as f my duties, and I am f r 605, F.S. Or, if this that the limited liabili	gree to comply with the amiliar with and accep document is being filed ty company has been
Signa	Division of Cornorations P.O.	Day 42374 Tal	lahassee FI 32314	
	Division of Cornerations P.U.	. DOX 036/# LXL	14043355 1 10 0 40 17	

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