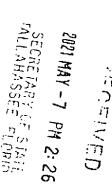
117000138469

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
☐ PiCi(+JP ☐ WAIT ☐ MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						

Office Use Only



800365561598



O SIMMONS MAY 1 0 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000)195				
	REFERENCE	:	798138	8322602				
	AUTHORIZATION	;	Linella	Klman				
	COST LIMIT	:	\$ 25.00	7,50				
ORDER DATE :	May 6, 2021							
ORDER TIME :	9:35 AM							
ORDER NO. :	798138-025							
CUSTOMER NO:	8322602							
CHANGE OF AGENT								
NAME:	AHS NW 3RD ST	, LL	С					
CERTI	THE FOLLOWING AS	PRO	OF OF FII	ING:				

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

	stration Section ision of Corporations		
SUBJECT:	AHS NW 3RD ST, LLC		
5020201.	•	Name of Limited L	iability Company
Dear Sir or !	Madam:		
The enclosed	d Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please return	n all correspondence concerning	g this matter to the	following:
Carlos E. G	onzalez		
	Name of Person		
AHS Reside	ential		
	Firm/Company		_
12895 SW 1	132nd St		
	Address		
Miami, FL 3	3186		
	City/State and Zip Cod	le	
cmerino@al	hsresidential.com		
E-mail	address: (to be used for future	annual report notifi	cation)
For further in	nformation concerning this mat	ter, please call:	
Carlos E. Go	onzalez	305 at (255-5527
	Name of Person		Area Code & Daytime Telephone Number
Reg Divi P.O.	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	losed is a check for the follow	ing amount:	
□ \$2	25 Filing Fee	Q \$5	5 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.

1. Na	ame of the limited liability company: AHS NW 3RI	D ST, LLC			
2. (a)					
-: (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	<u> </u>	Mailing address of limi (Note: MAY BE PO	ted liability company:
	12895 SW 132nd St		12895 SV	V 132nd St	
	Miami, FL 33186		Miami, Fl	. 33186	
	06/26/2017		L1700013	8469	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
u. (u)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of Stat	- e:	
	AHS Residential, LLC				
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES.	<u>S)</u>	-	4 12
	12895 SW 132ND STREET				<u> </u>
	Miami	FL_33186		-	121 MAY-7
				-	
(b)	Enter name of NEW Registered Agent and/or NEW Register			-	
	Enter name of NEW Registered Agent and/or NEW Register	red Office ac	<u>ldress</u> :		
	Corporation Service Company				ω
	NEW Registered Office Address:			•	
	1201 Hays Street				
	Tallahassee	FL_32301			
change agent w was/we the artic	mited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited reauthorized by an attrimative vote of the members cles of organization for the operating agreement of the under the operating agreement of the operating agreement of the operation of a member of a membe	laws of the he registere liability co s of the lim he limited l	ed office and	I the business office hereby confirmed company or as oth pany.	e of the registered that the change(s) perwise provided in
1 hereb	w accept the applicatement as registered agent and a	gree to act	in this capa	erita I Gorthan as-a	a ta a manda a del ali
the obli to mere	ons of all statutes relative to the proper and complet gations of my position as registered agent as providing the reflect a change in the registered office address, in writing of this change.	te performated for in California	ance of my a Chapter 605, Infirm that t	Lity, Tydrier agre luties, and I am fam F.S. Or, if this doc he limited liability o	e to comply with the filiar with and accept cument is being filed company has been
Signatur	e of Registered Agent	HANN ALPROACH			