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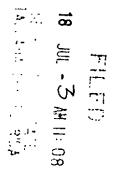
(Requestor's Name)							
(Áddress)							
(Ad	ldress)						
(Cit	ty/State/Zip/Phone #	∄)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates o	of Status					
Special Instructions to Filing Officer:							
		<u>.</u> .					

Office Use Only



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130L - 6 2000 S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: DFH-ANT, LLC				
	Nan	e of Limit	ed Li	ability Company	
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change	and	fee(s) are submitted for filing.	
Please	return all correspondence concerning the	is matter to	the f	following:	
R	obert Riva				
	Name of Person	- .			
Dr	eam Finders Homes LLC				
	Firm/Company			_	
	O. B. W. 11.1				
14/	01 Philips Highway, Suite 300	- 		<u> </u>	
	Address				
Ja	cksonville, FL 32256				
	City/State and Zip Code				
F	Robert.Riva@DreamFindersHomes.co	m			
<u> </u>	E-mail address: (to be used for future ann	ual report	notifi	cation)	
For fu	rther information concerning this matter.	please cal	l:		
Re	bert Riva	at (90)4) 644-7670	
	Name of Person			Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MA	AILING ADDRESS:	
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314			
	2661 Executive Center Circle Tallahassee, Florida 32301		131	ianassee, riorida 52514	
	Enclosed is a check for the following	amount:			
	□ \$25 Filing Fee	(□ \$5	5 Filing Fee & Certified Copy	
INHSI	8 (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. N	ame of the limited liability company: DFH-ANT, LLC	<u> </u>					
2. (a)	360 Corporate Way, Suite 100 (b) 360 Co			orporate W	ay, Suite 100		
- ((,)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (, ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Orange Park, FL 32073	_	Ora	nge Park, F	I. 32073		
	07/05/2017	_ 		.1700014420	04		
3.	Date of filing/registration in Florida	4.		Document i	number		
5. (a)	Corporate Creations Network, Inc.						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 11380 Prosperity Farms Road #221E Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				- - - - - - - - 		
	Palm Beach Gardens , FL	3341)	_			
(b)	Robert Riva, General Counsel and Vice President			_	U U I		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>'ess</u> :		1 - / 1 - =		
	14701 Philips Highway, Suite 300				₩ • 0 8 0		
	<u>NEW</u> Registered Office Address:						
	Jacksonville FL_	32256)	_			
the cha agent i was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o is the of organization or the operating agreement of the	the regist bility cor f`the limi	ered offic npany, it i ted liabilit	e and the bus is hereby con ty company (siness office of the registered firmed that the change(s)		
	hatch	Roll	SEPT E.	RIVA, JR.	ped name of signee		
Signa	dure of a member or authorized representative of a member			Printed or typ	oed name of signee		
provis the obi to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. The din writing of this change.	performa	nce of my	duties, ànd l	l am familiar with and accep		
Signati	irt of Registered Agent						