## 17000111120

(Requestor's Name)					
(Address)					
	ity/State/Zip/Phone	<u> </u>			
(C	nty/State/Zip/Phone	<del>"</del> )			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(0	Росителt Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
L					

Office Use Only



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DEC 20 2021
I ALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 336627 8056101

AUTHORIZATION CHILL

COST LIMIT : \$ 25.000

ORDER DATE: December 17, 2021

ORDER TIME : 2:46 PM

ORDER NO. : 336627-004

CUSTOMER NO: 8056101

## CHANGE OF AGENT

NAME: HFB ARDMORE PHASE III, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

**EXAMINER:** 

## 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:	PHASE	E 1	E III, LLC
2.					o)
	(-) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(.	υ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		605 COMMONWEALTH AVE			605 COMMONWEALTH AVE
		ORLANDO, FL 32803	_		ORLANDO, FL 32803
		07/27/2017		L	L17000161420
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
	(/	Registered Agent and Registered Office shown on the records of OROSZ, ANDREW J	the Florid	a f	i Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
605 COMMONWEALTH AVE				292  f. Fr.	
		ORLANDO	32803		
		. FIL	<u> </u>		
,	(b)				dress:
		Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldr	dress:
		Corporation Service Company			<b>©</b> \$
		NEW Registered Office Address:			
		1201 Hays Street			
		Tallahassee	32301		
cha age was	nge nt w s/we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered bility confirmation from the limited limite	ed om vite lia	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company.
C		ranco Tenerelli	Fra	nc	nco Tenerelli, Authorized Person
	-	ure of a member or authorized representative of a member		. •	Printed or typed name of signee
pro the to n	visio obli <sub>j</sub> nere	y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have a charge to the registered office address.	ee 10 act perform l fôr in C iereby ca	an An Ch	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed on firm that the limited liability company has been
поц	yiea -	Drace C-Kubl			Kirby, Asst. Vice President
Sig	natur	e of Registered Agent			