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COVER LETTER

	istration Section ision of Corporations					
SUBJECT:	Hodges Homes, LLC					
	Name of Limited Liability Company					
Dear Sir or i	Madam:					
The enclosed	d Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.			
Please returi	rall correspondence concerning thi	s matter to the fo	ollowing:			
James Ho	odges					
	Name of Person		_			
Hodges H	omes, LLC					
	Firm/Company	,	_			
850 Semi	nole Woods Blvd.					
	Address					
Geneva, F	FL 32732					
	City/State and Zip Code					
jh@semin	olestatecon.com					
E-mail	address: (to be used for future ann	ual report notific	eation)			
For further i	nformation concerning this matter.	please call:				
Magie Ho	dges	407	467-6408			
	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		Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314			
Enclosed is a check for the following amount:						
20 \$25 Filing Fee			5 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FORLIMITED 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.

I. Na	ame of the limited liability company: Hodges Hon	nes, LL	.C	
2. (a)			(b)	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX) minole Woods Blvd
	Geneva, FL 32732		Geneva	a, FL 32732
	08/24/17		L17000	181285
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of Signature Ann Wilson Registered Office Address (MUST BE FLORIDA STREET) 456 S Central Ave			-
	Oviedo . F	3276	5	T 10 30
	James Hodges NEW Registered Office Address: 850 Seminole Woods Blvd			T 11 CT 30 MH 11: 52
	Geneva	3273	2	_
the cha agent t was/w	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the fet liability of the limited	ne State of F gistered offic company, it imited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signa	iture of a member or authorized representative of a member		211103 11046	Printed or typed name of signee
I here provis the ob. to mer	thy accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provided with reflect a change in the registered office address, and in writing of this mange.	e nerior	<i>mamara at m</i> i	eduties, and Lam tamiliar with and accept
Signate	ure of Restaured Agent			
	Division of Corporations P.O.	Box 63	27• Tallaha	issee, FL 32314

FILING FEE: \$25.00