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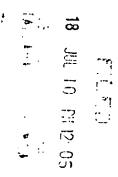
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## COVER LETTER

TO: Registration Section Division of Corporations								
Birmion of Corporation								
SUBJECT: THE VILLAGES CAHB, LLC								
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:								
Erick D. Langenbrunner, Esq.								
Name of Person								
Holding Company of The Villages Inc.								
Holding Company of The Villages, Inc. Firm/Company	<del></del>							
3619 Kiessel Road								
Address								
The Villages, Florida 32163								
City/State and Zip Code	<del></del>							
legalnotices@thevillages.com	<del></del>							
E-mail address: (to be used for future annu	ual report notification)							
For further information concerning this matter,	please call:							
Christi Jacquay	at ( 352 ) 753-6612							
Name of Person	at ( 352 ) 753-6612  Area Code & Daytime Telephone Number							
Name of Ferson	Their code et Baytime Telephone Tumber							
STREET/COURIER ADDRESS:	MAILING 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	Tananassee, Florida 32314							
Enclosed is a check for the following amount:								
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy							

## 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	ime of the limited liability company: THE VILLAGE	S CAF	<b>∃</b> [	3, LLC	·				
2.	(a)	3619 Kiessel Road	(b	)	3619 K	liessel Roa	ad			
	(°)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ , ,			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		The Villages, Florida 32163	_	-	The Vill	lages, Flor	ida 3	32163		<del></del> _
		06/18/2018	_	-	L18000	149423				
3.		Date of filing/registration in Florida	. 4.			Document			<u> </u>	<del>.</del>
	(0)	Erick D. Langenbrunner, Esq.	٦٠.			Document	numo	Ci		
<i>5.</i> (a	(a)	Registered Agent and Registered Office shown on the records of the	he Florida	- C	Dept. of Stat	- te:				
		1020 Lake Sumter Landing								
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>—</u>		_				
							ĩ	<b>p</b>	<del>ಹ</del>	
		The Villages .FL	3216	32		- -		44-	JUL	π <b>η</b> [π-
(b)	/L.)								5	T 11-3
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dr	<u>'ess</u> ;	_			38	`
		3617 Kiessel Road						e .	S0 3	
		NEW Registered Office Address:				_			٠.	
						_				
		The Villages , FL	32163	2						
		The villages . PL	32 100		<del></del>	_				
the age wa	cha ent v s/we	imited liability company is not organized under the law inge 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 icles of organization or the operating agreement of the	the regis bility co f the lim	ste on iit	ered offic npany, it i ed liabilit	e and the but is hereby corty ty company (	siness nfirme	s office ed that t	of the he cha	registered nge(s)
		Contraction of the contraction o	Eric	ck	D. Lan	genbrunne	er, Es	sq.		
S	igna	ture of a member or authorized representative of a member				Printed or ty	ped nai	me of sign	nee	
pro the to	wisi obl mere	by accept the appointment as registered agent and agre ions 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, I h d in writing of this change.	ee to act perform I for in C tereby co	t i ar Cl or	n this cap uce of my uapter 60, ufirm that	pacity. I furt duties, and 5, F.S. Or, i the limited	her a l am ) f this liabili	gree to d lamiliar docume ity comp	comply with a ent is b cany he	with the and accept eing filed as been

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

Signature of Registered Agent Erick D. Langenbrunner, Esq.