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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE CORE HOMES AND DEVELOPMENTS, LIMITED LIABILITY **COMPANY**

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M. SOLOMON

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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.

Florida.	CORE HOMES AND DEVELOPMENTS, LIMITED LIABILITY COMPANY
1. Name of the limited liability compan	
2. (a) 830 LITTLE RIVER DR Principal office address of limiter (Note: MUST BE STREE	
MIAMI, FL 33150	MIAMI, FL 33150
07/23/18	L18000178694
3. Date of filing/registration	in Florida 4. Document number
5. (a) NORTHWEST REGISTERE	O AGENT LLC.
Registered Agent and Registered Office (own on the records of the Florida Dept. of State: FLORIDA STREET ADDRESS)
St. Petersburg	
(b) Registered Agents Enter name of NEW Registered Agent a 7901 4th St N	<u> </u>
NEW Registered Office Address:	. —
St. Petersburg	. FL 33702
the change or changes are made, the Flor agent will be identical. Or, in the case of was/were authorized by an affirmative vi-	nized under the laws of the State of Florida, it is hereby confirmed that after da street address of the registered office and the business office of the registered a Florida limited liability company, it is hereby confirmed that the change(s) e of the members of the limited liability company or as otherwise provided in g agreement of the limited liability company.
R: Lung Park	Riley Park
Signature of a member or authorized representa	ve of a member Printed or typed name of signee
I hereby accept the appointment as regi- provisions of all statutes relative to the p the obligations of my position as registe, to merely reflect a change in the register notified in writing of this change.	ered agent and agree to act in this capacity. I further agree to comply with the oper and complete performance of my duties, and I am familiar with and accept d agent as provided for in Chapter 605, F.S. Or, if this document is being filed d office address, I hereby confirm that the limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent