## 118 000 260 867

(Re	questor's Name)	
(Ad	dress)	<del>-</del>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Division of Corporations			
SUBJECT: AMERICAN Home Murique Group 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:			
Scott Mullig AN Name of Person			
AMPRICAN Home Murtses Group LLC Firm/Company			
400 S. Central Auc Address			
Flash Beach FL 37136  City/State and Zip Code			
Scott @ AHMFL. Com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Scott Miligan at (386) 793-7399  Name of Person at (386) Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

TO:

Registration Section

## 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.	_
1. Name of the limited liability company: Americal Home M	ortgise Group LLC
2. (a) 408. S. (ential Ac (b)	SAM
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Flagler Beaux, FL 32136	
11-7-2018	18000260867
3. Date of filing/registration in Florida 4.	Document number
5. (a) Scotte Mullig AN	
Registered Agent and Registered Office shown on the records of the Florida Dept. of	State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
30 MAgnulia ct	<u> </u>
Ormand Beach , FL 3217	<u> </u>
(b) Scott L Mullig AIV Enter name of NEW Registered Agent and/or NEW Registered Office address:	ڎٙۼ
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
408 S. Central Ave	<u></u>
NEW Registered Office Address:	
	· ·
	- 5
Flaglerz Beach ,FL 32136	2
If the limited liability company is not organized under the laws of the State of the change or changes are made, the Florida street address of the registered of agent will be identical. Or, in the case of a Florida limited liability company, was/were authorized by an affirmative vote of the members of the limited liability distributed liability company.	Tice and the business office of the registered it is hereby confirmed that the change(s) fility company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability	company.

Signature of a member or authorized representative of a member

Notified or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent