119000176967

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICKUP WAIT MAIL						
(Business Entity Name)						
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TAL PARASSEE FLORING

O SIMMONS MAY 1 0 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 798138 8322602

AUTHORIZATION: Squade Red ..

COST LIMIT : \$ 25.00

ORDER DATE : May 6, 2021

ORDER TIME : 9:37 AM

ORDER NO. : 798138-045

CUSTOMER NO: 8322602

CHANGE OF AGENT

NAME: AHS AT BISCAYNE VILLAGE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

	sistration Section ision of Corporations					
SUBJECT:	AHS AT BISCAYNE VILLAGE, LLC					
Name of Limited Liability Company						
Dear Sir or	Madam:					
The enclose	d Registered Agent/Registered Office Cha	inge and	fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
Carlos E. G	onza le z					
	Name of Person					
AHS Reside			<u> </u>			
	Firm/Company					
12895 SW	132nd St					
	Address					
Miami, FL 3	3186					
	City/State and Zip Code		_			
cmerino@a	hsresidential.com					
E-mail address: (to be used for future annual report notification)						
For further i	nformation concerning this matter, please	call:				
Carlos E. G	onzalez at (305	255-5527			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:						
\$	25 Filing Fee	□ \$ 5	5 Filing Fee & Certified Copy			
INHS18 (2/14)					

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.

ì.	Na	me of the limited liability company: AHS AT BISCAY	'NE VII	LL.	LAGE, LLC
2.	(a)	Principal office address of limited liability company:	((b)	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
		12895 SW 132nd St			12895 SW 132nd St
		Miami, FL 33186	_		Miami, FL 33186
		07/09/2019		١	L19000176967
3.		Date of filing/registration in Florida	4	_	Document number
5.	(a)				
	()	Registered Agent and Registered Office shown on the records of the AHS Residential, LLC	he Floric	da I	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u>	
	12895 SW 132ND STREET				
		Miami	33186		2.21 Kai
		,15		•	1
	(b)				T
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddı	
		Corporation Service Company			. టై . 06
		NEW Registered Office Address:			
		1201 Hays Street			_
		Tallahassee .FL	32301		
cha age was	nge nt w s/wei	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or at the case of a Florida limited liable authorized by an affirmative vote of the members of these of organization or the operating agreement of the liable street.	s of the register bility co the lin imited	ed om nit lia	ed office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in itability company.
			Ca:	цo	os E. Gonzalez
	-	are of a member traditionical representative of a member			Printed or typed name of signee
I h pro the to n not	ereb visid oblig nerei ified	y accept the appointment as registered agent and agreens 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 he in writing of this change	e to ac erform for in t ereby c	t in tan Ch ton	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed after that the limited liability company has been
Sig	natur	e of Registered Agent	loci / cc Pecodor	•	