## L19000188438

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-JP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(assument and a						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						

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O SIMMONS MAY 1 0 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 798138 8322602							
AUTHORIZATION: Symbolic man							
COST LIMIT : \$\overline{\chi_25.00}							
ORDER DATE : May 6, 2021							
ORDER TIME : 9:38 AM							
ORDER NO. : 798138-050							
CUSTOMER NO: 8322602							
CHANGE OF AGENT							
NAME: AHS AT HARBOR GROVE, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland EXT#							

EXAMINER:

## **COVER LETTER**

	gistration Section vision of Corporations				
SUBJECT	AHS AT HARBOR GROVE, LLC				
Name of Limited Liability Company					
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered Office Cha	nge and 1	fee(s) are submitted for filing.		
Please retur	n all correspondence concerning this matte	r to the f	ollowing:		
Carlos E. G	Gonzalez				
	Name of Person		_		
AHS Resid	ential				
	Firm/Company		_		
12895 SW	132nd St				
	Address		_		
Miami, FL 3	33186				
	City/State and Zip Code		_		
cmerino@a	hsresidential.com				
E-mai	address: (to be used for future annual repo	ort notific	cation)		
For further i	information 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: gistration Section ision of Corporations Box 6327 lahassee, 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:					
<b></b> s	25 Filing Fee	□ \$55	5 Filing Fee & Certified Copy		
INHS18 (2/1	4)				

## 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. N	ame of the limited liability company:	RBOR GROVE	LLC	
2. (a)				
. ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0).	Mailing address of l	imited liability company: POST OFFICE BOX)
	12895 SW 132nd St		12895 SW 132nd St	
	Miami, FL 33186		Miami, FL 33186	
	07/23/2019	Ľ	19000188438	
3.	Date of filing/registration in Florida	4.	Document numb	per
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:	
	AHS Residential, LLC			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	<del></del>	
	12895 SW 132ND STREET			1 F*-
	Miami	FL_33186	<u></u> _	· E
		FL	<del></del>	
(b)				
(-)	Enter name of NEW Registered Agent and/or NEW Register	ed Office addre	<u></u> <u>ss</u> :	-
	Corporation Service Company			
	NEW Registered Office Address:		· · · · · · ·	: =
	1201 Hays Street			
	Tallahassee , F	32301		
7.C.1	· — ,		<del></del>	
agent v was/we	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registered of liability comp s of the limited	office and the business office and the business office any, it is hereby confirmed liability company or as and the business of	ice of the registered
	h	Carlos	E. Gonzalez	
	ure of a member of authorized representative of a member		Printed or typed nar	_
he obli o mere	by accept the appaintment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as providingly reflect a change in the registered office address, I in writing of this change.	ree to act in te performance led for in Chall hereby confi	this capacity. I further age e of my duties, and I am fo oter 605, F.S. Or, if this o rm that the limited liabilit	ree to comply with the amiliar with and accept document is being filed y company has been
Signatur	e of Registered Agent	etin Ashanin		