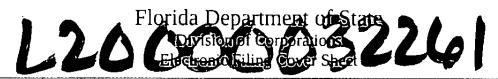
Division of Corporations



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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 : (813)436-5206

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Heip 01 2024 K. Brumbley 5/1/2024 09:04:48 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

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:	C		
2. (a)		(b)		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/07/0000	 		
3.	Date of filing/registration in Florida		200000322	Document number
J.		4.		Document number
5. (a				
	Registered Agent and Registered Office shown on the records of t	he Florida l	Dept. of Stat	e:
	baller be elouing grocer			_
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u>	<u>DDKESS)</u>		
	476 RIVERSIDE AVE.			_
	JACKSONVILLE , FL	32202		_
	Northwest Registered Agent LLC			2024 H.V.Y
(b)		065 11		
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
			·	- 0
	St. Petersburg . FL	33702		
the ch agent was/w the art Signa I here provis the ob to mer	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the factor of a member of authorized representative of a member of the light of a member of authorized tepresentative of a member of the light of a member of authorized tepresentative of a member of a member of authorized tepresentative of a member of the light of a member of authorized tepresentative of a member of the light of all statutes relative to the proper and complete pligations of my position as registered agent as provided the light of	the regist bility cor f the limi limited lin Nat Si ee to act in the performa I for in Control	ered officenpany, it is ted liability commith	c and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany. Printed or typed name of signee to comply with the

Signature of Registered Agent