Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE AHS RESIDENTIAL MANAGEMENT, LLC

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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.

	me of the limited liability company:		ANAGEMEN	<u> </u>			
a) ,	12895 SW 132 ST., MIAMI, FL 33186	_	(b) 12895 SW 132 ST., MIAMI, FL 33186				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of it	imited liabil	lity comp	
	08/31/2021	_	 L21000389	639			
	Date of filing/registration in Florida	4.		Document numb	oer		
a)	CORPORATION SERVICE COMPANY						
	Registered Agent and Registered Office shown on the records of the 1201 HAYS ST Registered Office Address (MUST BE FLORIDA STREET A						
	TALLAHASSBE FL	32301		-	<u>ė</u> :	202	
) .	Corporate Creations Network Inc.					?? J	
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ıddreşş:	_	: - ;	.022 JUN 13	
	801 US Highway 1			_	-	13 AH	
	NEW Registered Office Address:			_	· · · · · · · · · · · · · · · · · · ·	H 8:	
				-	•	ţ	
	North Palm Beach, FL	33408		_			
ige it w we	North Palm Beach , FL mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of these of organization or the operating agreement of the le	s of the	red office an company, it i mited liabilit	id the business of s hereby confirm by company or as	fice of the ed that the	registe chang	те е(
, G				Attorney-in-fact			_
	ure of a member or authorized representative of a member		*	Printed or typed na	me of signe	:ε	
	ly accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office adaress, I h	e to a	et in this can	acity. I further a	gree to co	mply w	ith t