## L21000496087

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





900414467189

08/23/23--01003--011 \*\*25.00

2029 AUG 23 PM 12: LO



## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Arx Homes FL2 LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
Amy TS40 Name of Person					
Arx Homes FL2 LLC Firm/Company					
607 N Ardmore Ave					
Address					
Los Angeles, CA 90004					
City/State and Zip Code	<del></del>				
arxvacationsfl@gmail.com	1				
E-mail address: (to be used for future and					
For further information concerning this matter,	, please call:				
Amy Tsao	at (626 ) 252-4855				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☐ \$25 Filing Fee	☐ \$55 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.

гижи	Δrv Ho	mes FI 2 I I	C
1. Na	ame of the limited liability company: Arx Ho	THES I LE LI	
2. (a)	607 N Ardmore Ave	(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)
	Los Angeles, CA 90004		
	12- 09- 2021	87-3	31911987
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Emily Taylor		
()	Registered Agent and Registered Office shown on the record	ds of the Ftorida Dept. of	State:
	8214 Westminster Abbey Blvd		
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)	2023 ÁUG
			2023 AUG
	Orlando	. FL 32835	 
			ي جي آهن ا
(b)			<u> </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Office address:	PH 12: 40
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	. FL 33702	
the ch agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membricles of organization or the operating agreement or	ess of the registered of ed liability company pers of the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
	atur of member or authorized representative of a member	,	Printed or typed name of signee
provis the ob- to met	ely accept the appointment as registered agent an sions of all statutes relative to the proper and com- digations of my position as registered agent as pro- rely reflect a change in the registered office addre ed in writing of this change.	nioto nortornumce al	' my auties' and Lam tamiliar with and accet

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

David Roberts - Assistant Secretary

Signature of Registered Agent