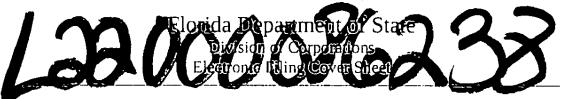
Division of Corporations



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(((H24000001892 3)))



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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

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

皇皇mail Address:\_

## LLC REGISTERED AGENT CHANGE PRIME CHOICE HOMES LLC

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1/3/2024 09:50 27 PST \_ To: 18506176383 Page: 2/2 From: Registered Agents Inc 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: PRIME CHOICE H	IOMES LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	λ	failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	03/01/22		38
3.	Date of filing/registration in Florida	4.	Document number
5. (a	R MWESIGYE, MILA		<u>ن</u> ڍ
5. (a)	Registered Agent and Registered Office shown on the records of	he Florida Dept, of State	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	.;
	1447 MERES BLVD		<del></del>
	TARPON SPEINGS	34689	<u>۔</u> ب
(b)	Registered Agents Inc  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	. —
	7901 4th St N		
	NEW Registered Office Address:	· ···· · · · · · · · · · · · · ·	
	STE 300		
	St. Petersburg	33702	
the chagent was/v the ar	limited liability company is not organized under the laviange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	vs of the State of Flo the registered office ability company, it is if the limited liability	and the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in
Sign	ature of a member of authorized representative of a member		Printed or typed name of signee
I herovi, the obto to me notifi	why accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I writing of this change.	performance of my a d for in Chapter 605 hereby confirm that i	icity. I further agree to comply with the
	ure of Registered Agent  David Roberts - Assistant Se	ecretary	