Note: Please print this page and use they a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001084413)))



H230001084413ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

Email Address:____

LLC REGISTERED AGENT CHANGE **BORNEOHOMES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. LEMIEUX

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.

I. Na	one of the limited liability company: Borne	oHome	s, LLC				
2. (a)	Principal office address of limited liability compar	(b)	Mailing address of hmit			
	(Note: MUST BE STREET ADDRESS) 7901 4th St N STE 300		(<u>Note: MAY BE POST OF F</u> 7901 4th St N STE 300			TCE BO	<u> </u>
	St. Petersburg FL 33702		St. Pete	rsburg FL 33702	2		
	12/27/22		L2200	0536743			
3.	Date of filing/registration in Florida	4.		Document number	r		
5. (a)	DUNN, SAMANTHA D			_			
•	Registered Agent and Registered Office shown on the reco	ords of the Florid	la Dept-of Stat	e.			
	Registered Office Address (MUST BE FLORIDA STE	REET ADDRES	<u></u>	- 5	; -	202	
	831 HIGHLAND AVE NW			_		2023 Kro	
	PALM BAY	. Fl <u>. 3290</u>	7			トラ	<u>- :</u>
(b)	Northwest Registered Age			_		2 P H	[:[
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office a	<u>ddress</u> :		08107	2: 4	
	NEW Registered Office Address:			· -			
	STE 300			_			
	St. Petersburg	_{. FL} 3370	2	_			
the cha agent v was/we the arti	imited liability company is not organized under tange or changes are made, the Florida street addrwill be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the memicles of organization or the operating agreement	ress of the reg ited liability of thers of the li of the limited	istered offic company, it i mited liabili	e and the business of a confirmed ty company or as of	office (Lihat th	of the i ne chai	registered nge(s)
•	ture of a member or authorized representative of a member			Printed or typed name	•		
provisi the obt to mer	hy accept the appointment as registered agent a ions of all statutes relative to the proper and con ligations of my position as registered agent as pr ely reflect a change in the registered office addr d in writing of this change. ———————————————————————————————————	nplete perfori rovided for in	nance of my Chapter 60, confirm that	-duties, and Lam fa 5. F.SOr. if this d	тинат осятен	wun a nt is be	na accept ziny filed

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

Signature of Registered Agent