L24000 HH 779

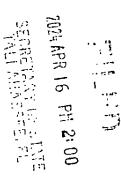
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
· ,				
(Document Number)				
(Boodinest Hamber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



100427854191

04/15/24--01022--025 ******25.00



COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations TIMBERLAND HOMEBUILDERS LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Serrano Name of Person ZenBusiness Inc. Firm/Company 336 E. College Ave. Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code ra@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Serrano Name of Person Area Code & Daytime Telephone Number **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

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	nme of the limited liability company:TIMBE	ERLAND	HOMEBUILDERS LLC	
2. (a)	6521 OLD FLORIDA LANE	(b) 6521 OLD FLORIDA LANE		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MILTON, FL 32570	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) TON, FL 32570	
	03/25/2024	1,2400	X0144779	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	WALTERS, TREVOR			
	Registered Office Address (MUST BE FLORIDA STREET ADDR	RESS)		
	6521 OLD FLORIDA LANE		3 20	
	Registered Office Address (ST BE FLORIDA STREET ADDRESS)		2021 APR SECRET	
	MILTON, FL	32570		
	ZenBusiness Inc		PH 2: 00	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	7. E 00	
	336 E. College Ave. Suite 301			
	NEW Registered Office Address:			
	Tallahassee , FL	32301		
change agent was/w the art	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Trevor Walters	registered off ability compan of the limited l	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in	
	uure of a member or authorized representative of a member	 	Printed or typed name of signee	
l here provis the ob- to mer notifie	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	ee to act in thi performance of I for in Chapta sereby confirm	is canacity. I further goree to comply with the	