M01000000437

(Pa	questor's Name)	
(ive	questors (varrie)	
(Ade	dress)	
(Address)		
(Cit	y/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(50.	sinoso Zmit, mamo	,
	4 4 3 - 11 - 2	
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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08/13/18--01001--011 **25.00



Collegia



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

 $\varsigma_{\mathbb{C}^*}$

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: June 8, 2018

Order#: 237088-017

Re: ASHTON ORLANDO RESIDENTIAL, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. 1	lame of the limited liability company: ASHTON ORLAN	NDO RESIDE	NTIAL, L.L.C.
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lake Mary, FL 32746		
	02/27/2001	M01	000000437
3.	Date of filing/registration in Florida	4.	Document number
5. (a) NRAI Services, Inc.		
(-	Registered Agent and Registered Office shown on the records of th	e Florida Dept. o	of State;
	1200 South Pine Island Road		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
			
	Plantation FL_	33324	
			$>$ $\frac{1}{i}$
(b)			<u>—</u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	; J
	4204 Haves Starte		
	1201 Hays Street NEW Registered Office Address:		
	Augistica Office Address.		
	Tallahassee	32301	
the chagent was/v the ar	limited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the liable of a member or authorized representative of a member	he registered oblity company the limited liability imited liability	office and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in
I here provis the ob- to mes notifie	ety accept the appointment as registered agent and agre- sions of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address. I he ad in writing of this change.	verformance of for in Chapter ereby confirm	capacity. I further garee to comply with the