M0400000 4230

(Requestor's Name)				
(Address)				
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,				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 8, 2018

Order#: 237088-024

Re: ASHTON TAMPA RESIDENTIAL, LLC

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. N	ame of the limited liability company: ASHTON T	AMPA RESIDEN	VTIAL, LLC	
2. (a)	1064 Greenwood Boulevard, Suite 124	(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)	
	Lake Mary, FL 32746			
	10/05/2004	M	04000004230	
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 the Florida Dept. of State:			
	1200 South Pine Island Road, Suite 124		٠	
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·			
	Plantation	. FL <u>33324</u>		
(b)				
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office address	<u>.</u>	
	1201 Hays Street		€ 5	
	NEW Registered Office Address:			
	Tallahassee	. FL <u>32301</u>		
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member of organization or the operating agreement of	ss of the registere ed liability comp ers of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
	Jee E. Wener	Jill Cilm	i, Authorized Person	
Sign:	wire of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office addresed in writing of this change.	l agree to act in i blete performance vided for in Cha s, I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
Signati	are of Registered Agent Corporation Service Compa	nv. BY: Ami	M. Casper, Asst. Vice President	

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