M09000003892

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone #	¥)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	e)	
(Do	cument Number)		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·		:	



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07/18/13--01022--016 **25.00

SECRETARY OF STATE

Office Use Only



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 16, 2013

Order#: 717956-061

Re: HOVSITE MONTEVERDE 1 & 2 LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: HOVSITE MO	ONTEVERDE 1 & 2 LLC		
2. (a) Principal office address of limited liability comp. (Note: MUST BE STREET ADDRESS)	any: 3601 Quantum Boulevard Boynton Beach FL 33426		
(HOIE: MOST BE STREET ADDRESS)	Doymon Bodon L Co 120		
(b) Mailing address of limited liability company:	3601 Quantum Boulevard		
(Note: MAY BE POST OFFICE BOX)	Boynton Beach FL 33426	- # F m	
(Mole. MAT BET OST OFFICE BOX)	DOTHUM BOOM 1 E DO 120	10 m	
		# CO T	
40/04/0000	1400000000000		
10/01/2009	M09000003892		
3. Date of filing/registration in Florida	Document number		
		署 鱼	
5. (a) Registered Agent and Registered Office shown of Registered Agent:	on the records of the Florida De NRAI Services, Inc	pt. oPState: F	
, ,			
Registered Office Address:	1200 South Pine Island Road		
-	Plantation FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office addres Corporation Service Compan		
NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	e Florida street address of the re lentical. Or, in the case of a Flor le(s) was/were authorized by an a rwise provided in the articles of	gistered office	
Signature of a member or authorized representative of a member			
Dona Priebe, Authorized Person			
Printed or typed name of signee			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity, proper and complete performan position as registered agent as merely reflect a change in the r pany has been notified in writing	I further agree to nee of my duties, provided for in egistered office of this change.	
Signature of Registered Agent Corporation Service Company	v Anril Hudson Asst VP		

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