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Account Name : REGISTERED AGENTS INC. Account Number : 12009000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE

DSLD HOMES (FLORIDA), LLC

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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. Na	me of the limited liability company: DSLD He	ome	s (Florid	a), LLC							
2. (a)	7660 PECUE LANE		_(b) 7660 PI	ECUE LAN	Ξ						
£. (47	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		· · ·	failing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)							
	SUITE 100	JITE 100 SUITE			100						
	BATON ROUGE, LA 70809		BATON ROUGE, LA 70809								
	12/18/2015	I					15000010145				
3.	Date of filing/registration in Florida	- 4,		Document numb	er Z.o	2					
5. (a)	C T CORPORATION SYSTEM				-6	2020 MAR					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD				•	1AR 25					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>:SS)</u>		C	AH					
	PLANTATION	333	33324			9 5	Ŭ				
(Ի)	Northwest Registered Agent Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N		address:								
	NEW Registered Office Address:										
	STE 300										
	St. Petersburg	337	02								
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the re iability of the l	gistered office company, it is imited liability	and the busines hereby confirm company or as	s office c ed that th	of the r ie chan	egistered (gc(s)				
	ture of a member or authorized representative of a member	N	lorgan Noble								
-	·			Printed or typed na							
There	by accept the appointment as registered agent and ag	ree to i	act in this capa	icuty. I jurther a	gree to c familiar	ompty with in	with the vd accen				

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

or Glover - Assistant Secretary

Signature of Registered Agent

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