

M15000010202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

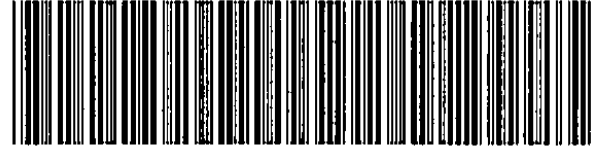
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Holland & Knight

50 North Laura Street, Suite 3900 | Jacksonville, FL 32202 | T 904.353.2000 | F 904.358.1872
Holland & Knight LLP | www.hklaw.com

Sabrina Lappen
904-798-7314
Sabrina.lappen@hklaw.com

June 14, 2019

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: **Filing - Change of Registered Agent**

To Whom It May Concern:

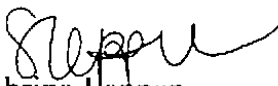
Enclosed please find Holland & Knight's check number 4000500 in the amount of \$50.00, and two (2) Statements of Change of Registered Agent applications for the below Florida entities:

ANT JV Owner, LLC
PSJ JV Owner, LLC

Please do not hesitate to contact me if you should have any questions with regard to these filings. Thank you for your assistance.

Very truly yours,

HOLLAND & KNIGHT LLP


Sabrina Lappen
Sr. Legal Secretary
Business Law Department

/sl
Enclosures

#62290788_v1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSJ JV Owner, LLC

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:

Robert Riva

Name of Person

Dream Finders Homes LLC

Firm/Company

14701 Philips Highway, Suite 300

Address

Jacksonville, Florida 32256

City/State and Zip Code

Robert.Riva@DreamFindersHomes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Riva, Esq.

at (904)

644-7670

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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.

1. Name of the limited liability company: PSJ JV Owner, LLC

2. (a) 14701 Philips Highway Suite 300 (b) 14701 Philips Highway Suite 300

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Jacksonville, FL 32256

Jacksonville, FL 32256

04/20/2017

M15000010202

3. Date of filing/registration in Florida 4. Document number

5. (a) Patrick Zalupski

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 OFFICE PLAZA DRIVE STE A

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

TALLAHASSEE, FL 32301

(b) Robert Riva

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

14701 Philips Highway, Suite 300

NEW Registered Office Address:

Jacksonville, FL 32256

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

ROBERT RIVA

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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.

[Signature]
Signature of Registered Agent

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