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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

S. WARREN SEP 0 1 2017 TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Friday, August 25, 2017

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent

For ZNR HOMES, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

Please return the file stamped copy of the Articles to the address below:

Renewal Department 5605 Riggins Court Suite 200 Reno NV 89502

COVER LETTER

O: Registration Section Division of Corporations						
UBJECT: ZNR HOMES, LLC Name of Limited Liability Company						
Name of Limited Liability Company						
ear Sir or Madam:						
he enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
lease return all correspondence concerning this matter to the following:						
Ricardo Robinson Name of Person						
ZNB Homes, LCC Firm/Company						
1781 Brandquine br						
Boca faten, PC 33487 City/State and Zip Code						
Z-nr homes Ogna'l. Com E-mail address: (10 be used for buture annual report notification)						
or further information concerning this matter, please call:						
Robinson at (561) 213-954 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:						
☐ \$55 Filing Fee & Certified Copy						
NHS18 (2/14)						

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.

l. Na	me of the limited liability company: ZNR HC	MES,	LLC	<u> </u>	
2. (a)	Principal office address 60 mited liability company: (Note: MUST BE STREET ADDRESS)	(b		Mailing address of H	wine hore we liability company:
	Boca Daton, FC 33487		Boca	a Raton	FL 33467
3.	Date of filing/registration in Florida	_{4.}	· 	Document numb	оет
5. (a)	Registered Agent and Registered Office show on the records o	f the Florida	Dept. of Stat	_ c :	
	1200 S. Pine Island Red Registered Office Address (MUST BE FLORIDA STREET	Plant	ation,		17 AUG SEORE TALLAR
•		1332	304	-	31 R
,	Registered Agents Inc.			_	PH 2: 40 OF STATE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> 3030 N. Rocky Point Dr.	<u>d Office add</u>	dress:		ATE ORIDA
	NEW Registered Office Address:			-	
	STE 150A		··-	_	
	Tampa,F	33607	,	_	
the char agent w was/we the artic	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited here atthorized by an affirmative vote of the members elect of organization or the operating agreement of the use of a member or authorized representative of a member	f the regis iability co of the lim c limited li	tered office mpany, it i ited fiabilit	e and the busines s hereby confirm y company or as	s office of the registered ed that the change(s) otherwise provided in
provision the obli to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change. Bill Havre - Assistan	ed for in C hereby co	ince of my hapter 60: infirm that	dutice and Lam:	Inneilian with and account

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

Signature of Registered Agent