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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address:	mall Address:
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LLC REGISTERED AGENT CHANGE **FAIRMONT HOMES, LLC**

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, co	VER LETTER
TO: Registration Section Division of Corporations	. ¥
Fairmont Homes, ELC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	ail:
Mary Castillo 8	88 705-7274
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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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.

2. (a)	3636 N. Central Ave		(b) 3636 N. C	lentral Ave	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing add	ress of limited liability company: IAY BE POST OFFICE BOX)
	Suite E200		Suite 1200)	
	Phoenix, AZ 85012		Phoenix, A	NZ 85012	
	2/8/2018		M18000001	412	
3.	Date of filing/registration in Florida	- 4.		Documen	nt number
5. (a)	CORPORATION SERVICE COMPANY				
J. (4)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	- e:	
	1201 HAYS STREET				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>:S)</u>	-	
	TALLAHASSEE , FI	32301-	2525	-	
(b)	Registered Agent Solutions, Inc.			_	2023 HAY 1 9
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registerec</u>	Office a	ddress:		
	2894 Remington Green Ln.				19
	NEW Registered Office Address:			_	
	Ste. A			_	
	Tallahassee F1	32308			02
change agent v was/we the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of of the li- limited	red office and ompany, it is nited liability	d the busing hereby congression to the company	ness office of the registered onfirmed that the change(s)
/s/ Signa	Steven K. Like		TOTAL LIKE	Printed or	typed name of signee
•	by accept the appointment as registered agent and agr	oo to a	t in this con-		-
provisi the obi to mer-	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d'in writing of this change.	perform d for in hereby o	iance of my a Chapter 605 confirm that t	luties, and F.S. Or, the limited	If am familiar with and accept if this document is being filed I liability company has been

Mackenzie Hibler, Asst, Secretary

Signature of Registered Agent