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(Requestor's Name)						
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PICK-UP	WAIT	MAIL				
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Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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2022 AUS 15 AMIN: 01
SECRETARY OF STATE
TALL A VASSEE EL

ATTAHASSETT OF

A. BUTLER AUG 1 6 2022

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 882924 8387642								
AUTHORIZATION: Spubble man								
COST LIMIT : \$ 25.00								
ORDER DATE : August 15, 2022								
ORDER TIME : 1:55 PM								
ORDER NO. : 882924-012								
CUSTOMER NO: 8387642								
<u>CHANGE OF AGENT</u>								
NAME: HEADLANDS HORIZONS LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY								
XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker								
EXAMINER'S INITIALS:								

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	ame of the limited liability company: HEADLANDS H	IORIZOI	NS	LLC	
2.	(a)	145 CORTE MADERA TOWN CENTER #281	(b)	145 COR	ΓΕ MADERA TOWN CENTER #281
~ . ((**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	υ,	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BON)
		CORTE MADERA, CA 94925	_		CORTE M	1ADERA, CA 94925
		08/05/2020	_	_	M2000000	
3.		Date of filing/registration in Florida	4.		I	Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Statu CT CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- # -	
		1200 S PINE ISLAND RD			202: 300 11	
		PLANTATION . FL	33324	•		Z022 AUG SECRETA
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			LED 15 MII: 02 87 OF STATE 878SEELFI	
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee, FL	32301			
cha age was	nge nt v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin	red on nit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		JiH Cilmi	Jill	Ci	lmi, Author	ized Person
	-	ture of a member or authorized representative of a member				Printed or typed name of signee
pro the to n	visio obli nere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I left in writing of this change.	ee to ac perform I for in e tereby c	t ii iar Cli on	n this capa ace of my di- apter 605. firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Sig	natui	re of Registered Agent	Grace	e E	i. Kirby, A	sst Vice President