M200000007831

(Requestor's Name)
(Adcress)
(Address)
(Čity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
red Copies Certificates of Status
edal Instructions to Filing Officer:

Office Use Only



000401250800

2023 FEB -3 AII IO: 08



A EUTLER

FEB - 6 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: February 03, 2023	Accounter, 12000000000
Name: James Brodbeck	
Reference #:1888262	
Entity Name: DAVIDSON HOMES FL	, LLC
Articles of Incorporation/Authorization to Trans	sact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: \$25.00 Signature:	_
olynatore.	<u> </u>

-1.212.947.7200

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH ${f f}$ LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comp submits the following statement in order to change its registered office or registered agent, or both, in the State

a) ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	No Change	<u>N</u>	No Change	
	September 10, 2020		M20000007831	
	Date of filing/registration in Florida	4.	Document number	
(a)	Universal Registered Agents, Inc.			
(b) _	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:	
	1317 CALIFORNIA ST			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	2023 FE	
	Tallahassee	32304		
	COGENCY GLOBAL INC.			
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addres		
	115 North Calhoun St., Suite 4		86	
	NEW Registered Office Address:			
	Tallahassee	32301		

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 accepte 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.

/s/ Timothy Mayville

Signature of Registered Agent

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