5/3/2021

Division of Corporations

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Division of Corporations

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LLC REGISTERED AGENT CHANGE HOMESMART SERVICES, LLC

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To: 18506176383

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BÔTH 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	une of the limited liability company: HOMESMART SE	RVIÇI	ES, LLC				
2	(a)		(b)				
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>. </u>	Y	dailing address of fi (Note: MAY BE:	mited habili	iş compa	my:
		8388 E HARTFORD DR, STE. 100		8388 E HA	RITORD DR. SI	TE. 100		
	•	PHOENIX, AZ 85255		PHOENIX	, AZ 85255			
		12/22/2020		M200000118	842			
3.		Date of filing/registration in Florida	4.		Document numb	ber 💯	20	
e	4-3	INCORP SERVICES, INC.				200	217	
3.	(a)	Registered Agent and Registered Office slawn on the records of the	c Florid	la Dept, of State	: :	ETAR	2021 MAY -3	
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRES	<u>S)</u>	•	ASSET		
		17888 67TH COURT NORTH						()
(t		LOXAHATCHEE , FL 3	3470			TATE	6 դ ։ դ _W d	
		C.T Corporation System						
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Mice no	ddress:	•			
		NEW Registered Office Address:	. <u></u>					
		1200 South Pine Island Road						
		Plantation, FL_2	3324					
the ag	e cha ent v as/wo	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg pility c the lir imited	istered office company, it is nited liability diability com	and the business hereby confirm or as open o	ss office o. sed that the otherwise	t the reg	c(s) sistered
	$^{\prime}$	they kones		Ash	iley Bowers, M			
	•	ture of a member or authorized representative of a member			Printed or typed ra	-		
pr the to	ovisi e obl mer	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change.	e to ac erforn for in ereby c	nance of my a Chapter 605 confirm that t Christine	tuties, and 1 am , F.S. Or, if this the limited liabil Keim	ngree to co Jamiliar w documen lity compa	omply: with and t is being my has	rith the l accept ng filed hoen
By Si		re of Registered Agent		Assistant S	iecretary			

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