## M21000007877

| (Requestor's Name)                      |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
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Office Use Only



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2022 APR 12 AM 9: 5:

2022 APR 12 PM 3: 31

ALI AHASSEE, FI OF

RARDICHS

APR 13 2022 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 603433 8374304

AUTHORIZATION: Spreed en a

COST LIMIT : \$ 25.00

ORDER DATE : April 8, 2022

ORDER TIME : 1:15 PM

ORDER NO. : 603433-123

CUSTOMER NO: 8374304

CHANGE OF AGENT

NAME: BEST HOME BUYER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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                            | ane of the limited liability company:   | BUYER                                    | LLC                             | <u> </u>   |  |   |  |  |  |
|----------------------------|-------------------------------|---|--|---------------------------------|--|--|---|--|--|--|
| 2. (                       | (a)                           | 18 E. 4TH STREET, SUITE 902   |  | (b)                             | 18 E. 4TH  | STREET, SUITE  | 902                                       | - "                                    |  |  |
| 2.                         | ·- <i>)</i>                   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |  |                                 | Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX) |  |   |  |  |  |
|                            |                               | CINCINNATI, OH 45202  |  |                                 | CINCINNA   | ATI, OH 45202  |   |  |  |  |
|                            |                               | 06/22/2021  |  | ř                               | M21000007  | 7877   |   |  |  |  |
| 3.                         |                               | Date of filing/registration in Florida  | 4.                                       | -                               |  | Document number  | r   |  |  |  |
| 5.                         | (a)                           | C T CORPORATION SYSTEM  |  |                                 |  |  |   |  |  |  |
| J                          | (11)                          | Registered Agent and Registered Office shown on the records of  | the Flo                                  | rida                            | Dept. of State   | -<br>2:  |   |  |  |  |
|                            |                               | 1200 SOUTH PINE ISLAND ROAD   | _  |                                 |  | _  |   |  |  |  |
|                            |                               | Registered Office Address (MUST BE FLORIDA STREET   | ADDR                                     | ESS)                            |  | 2022 APR 12  |   |  |  |  |
|                            | (b)                           | PLANTATION, FI  | <br>L                                    | 24                              |  |  |   |  |  |  |
|                            |                               | Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company  | itered Office address:                   |                                 |  |  | AM 9: 55                                  | Ö                                      |  |  |
|                            |                               | NEW Registered Office Address:  |  |                                 |  | -  |   |  |  |  |
|                            |                               | 1201 Hays Street  |  |                                 |  |  |   |  |  |  |
|                            |                               | Tallahassee FI  | J3230                                    | )1                              |  |  |   |  |  |  |
| cha:<br>age:<br>was<br>the | nge<br>nt w<br>:/we<br>artic  | mited liability company is not organized under the later changes are made, the Florida street address of the cill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | e regist<br>lability<br>of the<br>limite | terec<br>con<br>limit<br>d lia  | l office and<br>apany, it is<br>sed liability<br>ability comp                | I the business office<br>hereby confirmed<br>company or as of                              | e of the that the                         | registe<br>chang                       | ered<br>e(s)                             |  |
| Si                         | gnat                          | ure of a member or authorized representative of a member  | -  |                                 |  | Printed or typed name  | of signe                                  | :                                      |  |  |
| pro<br>the<br>to n<br>noti | visio<br>obli<br>iere<br>fied | oy accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I in writing of this change.                                 | ree to o<br>perfor<br>d for i<br>hereby  | act i.<br>rmar<br>n Cl<br>r con | n this capa<br>ice of my d<br>iapter 605,<br>ifirm that th                   | city. I further agr<br>luties, and I am far<br>F.S. Or, if this do<br>he limited liability | ee to co<br>niliar w<br>ocument<br>compar | mply w<br>ith and<br>is bein<br>iy has | rith the<br>l accept<br>ng filed<br>been |  |
|                            |                               | Lhace CKnby<br>c of Registered Agent  |  |                                 |  |  |   |  |  |  |
| Sigi                       | iatur                         | re of Registered Agent  |  |                                 |  |  |   |  |  |  |

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

INHS18 (2/14)

Grace E. Kirby, Asst. Vice President of Corporation Service Company