## ma1000010628

(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.						
Office Use Only						



100423473351

LLC RAGRO Change

2024 FEB 15 PH 1: 09

2024 FEB 15 PM L:

A. RAMSEY

FEB +6. 2024



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	02/15/2024	
	Patrice Rush	
	2263929	
	DAR	VIN HOMES, LLC
Amend	s of Incorporation/Authoriza dment ge of Agent	tion to Transact Business
	atement	
☐ Conve	ersion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
Other_		
Authorized A	mount: \$25.00	
Signature:	Poll	

## 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	me of the limited liability company: DARWIN	HON	1	ES, L	LC
2. (a	a) .		_ (b)	) _		
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			λ	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		No Change	_	<u>N</u>	lo Chan	nge
		August 16, 2021	_		М	21000010628
3.		Date of filing/registration in Florida	4.			Document number
5. (	a)	Vcorp Agent Services, Inc.	_			
Ì		Registered Agent and Registered Office shown on the records of the	ne Florida	De	pt. of State	:
		1200 S PINE ISLAND ROAD				2021
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<u>!</u>		2024 FEB 15 PM 1: 09
		PLANTATION ,FL	33324			5 7
(I	b)	COGENCY GLOBAL INC.				7.0
`		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	lre:	<u>ss</u> :	
		115 North Calhoun St., Suite 4				
		NEW Registered Office Address:				
		Tallahassee, FL	32301			
the cagen was/	cha it w 'we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t fill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	the regist bility contains the limi	ter mp ite	red office pany, it is d liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ F	₹уа	n Broderick		Ry	an Broderi	ick Authorized Person
Sig	nat	ure of a member or authorized representative of a member				Printed or typed name of signee
prov the c to m	isio phli ere	y 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 ily reflect a change in the registered office address, I ha I in writing of this change.	e to act performa for in C ereby co	in inc ha inf	this cape ce of my e apter 605 firm that t	icity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

/s/ Timothy Mayville
Signature of Registered Agent