M21000010924

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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2023 SEP 26 AH 6: 53
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CLAS Information Services 1545 RIVER PARK DRIVE, SUITE 330, SACRAMENTO, CA 95815 Tel: (800) 447-6237

Job Number: 473752

Date: 09/18/2023

Name: AUTHENTIC RESIDENTIAL, LLC

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #202721 in the amount of \$25.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

. (a)	· · · · · · · · · · · · · · · · · · ·				
	Principal office address of limited liability comp. (Note: MUST BE STREET ADDRESS)	any;	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
	884 IRON WORKS PIKE		884 IRON WORKS PIKE		
	LEXINGTON, KY 40511		LEXINGTON, KY 40511		
	08/19/2021		M21000010	924	
. (a)	Date of filing/registration in Florida	4.	Do	ocument number	
	C T CORPORATION SYSTEM				
	Registered Agent and Registered Office shown on the rec	cords of the Florid	a Dept. of State:	F Z023 SEP WILLYHAN	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			FIL EP 26 HASSE	
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	, _{FL} 33324		AM 6: STA Elector	
b)	NRAI SERVICES, INC.			, 	
(b)	NRAI SERVICES, INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office ad	dress:	, 	
b)	· · · · · · · · · · · · · · · · · · ·	gistered Office ad	dress:	` 	
b)	· · · · · · · · · · · · · · · · · · ·	gistered Office ad	dress:	` 	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	gistered Office ad	dress:		
b)	Enter name of NEW Registered Agent and/or NEW Registered Office Address:				
e li cha nt w	Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Office Address: 1200 SOUTH PINE ISLAND ROAD	the laws of the reginited liability conbers of the limited liability conbers of the limited li	State of Florid stered office an ompany, it is he sited liability co	a, it is hereby confirmed that afte d the business office of the regist ereby confirmed that the change(s ompany or as otherwise provided	

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 accept the 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.

Printed or typed name of signee

CHRISTOPHER CHEUNG, ASSISTANT SECRETARY