## M2500000000000

| •                                       |  |  |  |  |  |
|---|--|--|--|--|--|
| (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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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

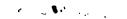
P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

If there are any issues please contact Cheyanne at 850-202-1882

| Date:        | 08/28/2025                            |                         |
|--------------|---------------------------------------|-------------------------|
|              | Delijah Showers                       | <u> </u>                |
| Reference #: | 2873781                               | - <u></u>               |
|              |                                       | PRESERVE BORROWER, LLC  |
| ☐ Amend      | ge of Agent<br>tatement<br>ersion     | on to Transact Business |
| Dissol       | ution/Withdrawal                      |                         |
| Fictition    | ous Name                              |                         |
| Other_       |                                       |                         |
|              | mount: <b>\$25</b><br>Delijah Showers |                         |

F: +852.2682.9790



## 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. Name of the limited liability company: AMH HB WOODLAKE PRESERVE BORROWER, I |                        |   |   | LAKE PRESERVE BORROWER, LLC  |
|--|------------------------|---|---|--|
|  | (a)                    | No Change   | (b)   | No Change  |
|  | · · · · /              | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | _   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
| 3.   |                        | 4/26/2022  Date of filing/registration in Florida   | <br>4.  | M22000006506  Document number  |
| 5.   | (a)                    | C T CORPORATION SYSTEM  |   |  |
| ٦.   | (a)                    | Registered Agent and Registered Office shown on the records of th   | e Florida De  | ept. of State:   |
|  |                        | 1200 SOUTH PINE ISLAND ROAD   |   |  |
|  |                        | Registered Office Address (MUST BE FLORIDA STREET AI  |   |  |
|  |                        | PLANTATION, FL_   | 333   | 24 28 28 3 3 4 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7   |
|  | (b)                    | Cogency Global Inc.   |   |  |
|  |                        | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>  | Office addre  | <u>w</u> :   |
|  |                        | 115 North Calhoun St., Suite 4  | <u>.</u>  |  |
|  |                        | NEW Registered Office Address:  |   |  |
|  |                        | Tallahassee FL  | 32301   |  |
| the<br>age<br>wa   | e cha<br>ent v<br>s/we | imited liability company is not organized under the lawsinge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabers. | s of the St<br>he registe<br>pility com<br>the limite | ate of Florida, it is hereby confirmed that after red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in             |
|  |                        | /s/ Helen Cho   |   | Helen Cho  |
|  | _                      | ture of a member or authorized representative of a member   |   | Printed or typed name of signee  |
| pro<br>the<br>to   | ovisi<br>r obl<br>mere | by accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete p<br>igations of my position as registered agent as provided<br>Ily reflect a change in the registered office address, I hi<br>I'in writing of this change.                                 | e to act in<br>performan<br>for in Ch<br>preby conj   | this capacity. I further agree to comply with the<br>ce of my duties, and I am familiar with and accept<br>apter 605, F.S. Or, if this document is being filed<br>firm that the limited liability company has been |
| _  |                        | /s/ Tim Mayville  |   |  |
| Sig  | gnatu                  | re of Registered Agent  |   |  |