Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000351748 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

-	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

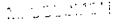
Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_

## LLC REGISTERED AGENT CHANGE MAX HOME, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



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TO: Registration Section Division of Corporations
SUBJECT: Max Home, LLC  Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Castillo
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, TX 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Mary Castillo at ( 888 ) 705-7274
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
□ \$25 Filing Fee  □ \$55 Filing Fee & Certified Copy

15129570210

## 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

2. (a) 1 ALHAMBRA PLAZA, STE 60  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  CORAL GABLES, FL 3313	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
6/28/2022	M22000010095
3. Date of filing/registration in Florida	4. Document number
5. (a) API PROCESSING - LICEN	
Registered Agent and Registered Office shown on the records of 3419 GALT OCEAN DR, S	
Registered Office Address (MUST BE FLORIDA STREET	C. A. S. B. P. C.C.
	122 C
FT LAUDERDALE	133308 SI
(b) Registered Agent Solutions	, Inc.
Enter name of NEW Registered Agent and/or NEW Registere	d Office address:
155 Office Plaza Dr.	<u> </u>
NEW Registered Office Address: Suite A	
Tallahassee, F	<sub>1</sub> 32301
agent will be identical. Or, in the case of a Florida limited I	of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
/s/ William Leavitt	William Leavitt Authorized Pers
Signature of a member or authorized representative of a member	Printed or typed name of signee

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.

Mackenzie Hart, Asst. Secretary