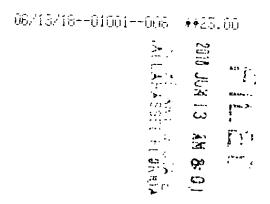
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(Red	questor's Name)			
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Special Instructions to Filing Officer:				
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Office Use Only



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J. HARRIE



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 8, 2018

Order#: 237088-036

Re: ASHTON WOODS LAKESIDE L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 ...

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: ASHTON WC	ODS LAKES	SIDE L.L.C.
2.	(a)	1405 Old Alabama Road, Suite 200	(b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Roswell, GA 30076		
		10/27/1998		M98000001262
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	NRAI Services, Inc.		
()		Registered Agent and Registered Office shown on the records	of the Florida E	Dept. of State:
		1200 South Pine Island Road, Suite 124		
		Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
		Plantation	FL 33324	,
,	(b)	Corporation Service Company		7. A C. T.
		Enter name of NEW Registered Agent and/or NEW Register	ed Office addr	ress: Sit w
				20 TALL 1
		1201 Hays Street		=
		NEW Registered Office Address:		
				
		Tallahassee	:[32301	
the age was	cha nt w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members of organization or the operating agreement of the	of the registe liability com s of the limite	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
		Lee E. alnee	Jill Cil	lmi, Authorized Person
S	ignari (ire of a member or authorized representative of a member		Printed or typed name of signee
pro the to r	vișic obli nere	y accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as provia by reflect a change in the registered office address. "in writing of this change."	te performan led för in Ch	ice of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed
Sig	natur	e of Registered Agent Corporation Service Company	BY: Am	ii M. Casper, Asst. Vice President