Fax Server Division of Corporations



Fax Server

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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

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



REGISTERED AGENT CHANGE MERITAGE HOMES OF FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

JAN I 1 2010

EXAMINER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz to change its registered office or registere	ed under the laws of th e State	of FL		
1. The name of th	ne corporation: MERITAGE HOMES	OF FLORIDA, INC.			
2. The principal of SCOTTSDAL	office address: 17851 N. 85TH STREE				
3. The mailing ad	Idress (if different):				
4. Date of incorpo	oration/qualification: 6/21/65	Document number:	294159		
5. The name and Florida Departs	street address of the current registered age ment of State:	ent and registered office on fil	e with the		
1	CT CORPORATION SYSTEM	·			
•	1200 SOUTH PINE ISLAND ROAD		10		
	PLANTATION, FL 33324		d office		
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registere	d office		
	Corporation Service Company		??		
	1201 Hays Street		ឬ		
•	(P.O. Box NOT acceptable)				
-	Tallahnssee, FL 32301				
The street address as changed will to	ss of its registered office and the street as be identical.	ddress of the business office	of its registered agent,		
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.					
Mari	eren tull	Maureen Cullen, Attorney In .			
I hereby accept to I further agree to of my duties, and document is bein corporation has Corporati	the appointment as registered agent and o comply with the provisions of all status of I am familiar with and accept the abus of file merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity es relative to the proper and atton of my position as regi- registered office address. It	i complete performance stered agent. Or, if this hereby confirm that the		
By: Say	mature of ingestored Agent)	1-5-20 (Date)	10		
If signing on beh	•	(2-20)			
Sylvia Queppet, A	Assistant Vice President				
(T)	yped or Printed Name)	ን. ድንሮ <u>ሰብ + + </u> ቅ			

FILING FEE: \$35.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)