

Division of Corporations

FA5785

Florida Department of State
Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6380

From:
 Account Name : TRIAD PROFESSIONAL SERVICES, LLC
 Account Number : I20020000094
 Phone : (770)777-2091
 Fax Number : (770)220-1943

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 20 PM 3:10

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

TAYLOR MORRISON OF FLORIDA, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Taylor Morrison Of Florida, Inc.
2. The principal office address: 8430 ENTERPRISE CIRCLE SUITE 100 BRADENTON FL 34202-4108 US
3. The mailing address (if different): same
4. Date of incorporation/qualification: 03/26/1982 Document number: F75785

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MERRILL, S. TODD
877 EXECUTIVE CENTER DRIVE W SUITE 205
ST. PETERSBURG FL 33702-2472 US

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

/s/S. Todd Merrill
(Signature of an officer or director)

S. Todd Merrill, Secretary
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

5/20/2008
(Date)

If signing on behalf of an entity:

Jennifer Malk, Assistant Secretary
(Typed or Printed Name)

*** 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)

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