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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : TAYLOR WOODROW COMMUNITIES

Account Number: I20000000218 Phone: (727)563-9882

Fax Number

: (727)563-9674

3 NOV 19 PM 3: 15 ECRETARY OF STATE LLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

TAYLOR WOODROW HOMES FLORIDA INC.

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

change is submitted fo	sions of sections 607.0502, 617.0502, 6 or a corporation organized under the la ed office or registered agent, or both, in		this statement of in order
1. The name of the co	orporation: Taylor Woodrow Homes I	Plorida Inc.	
2. The principal offic	e address: 8430 Enterprise Circle, St	nite 100, Bradenton, FL 84202-4108	
3. The mailing address	es (if different): 8430 Enterprise Circ	le, Suite 100, Bradenton, FL 34202-	1108
4. Date of incorporati	ion/qualification: 03/26/82	Document number: F75785	
5. The name and stree Florida Departmen	et address of the current registered agen it of State:	t and registered office on file with the	
Kei	th E. Bass		_
843	0 Enterprise Circle, Suite 100, Brad	enton, FL 34202-4108	多.
6. The name and stree (if changed):	et address of the new registered agent (i	f changed) and /or registered office	O3 NON 19 PM S
Ma	rc I. Spencer		
<u>877</u>	Executive Center Drive W., Suite 26 (P.O. Box or personal main		
The street address of changed will be ider	f its registered office and the street addition.	lress of the business office of its regist	ered agent, as
Such change was au the board, of the cor	thorized by resolution duly adopted by poration has been notified in writing of	y its board of directors or by an officer of the change.	so authorized by
C. Alus	if of an officer of director)	C. Alexander Bratt, Vice Pres	sident
I hereby accept the	appointment as registered agent and a	gree to act in this capacity, is relative to the proper and complete proper and complete proper and complete proper and complete properties agent. Or, ce address, I hereby confirm that the confirmation in the confirmation of t	
Mu		11.13.03	
(Signa	ture of Registered Agent)	(Date)	
If signing on behalf	of an entity:		
(Тур	ed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *