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To:

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 TAYLOR WOODROW COMMUNITIES AT ARTISAN LAKES, L.L.C.

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T. LEMMEUX

JAN 19 2022

(3)

TO: Registration Section
Division of Corporations

SUBJECT: TAYLOR WOODROW COMMUNITIES AT ARTISAN LAKES, L.L.C.

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 annu	al report notification)		
For further information concerning this matter, p	lease call:		
Mary Castillo	888 705-7274		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following a	amount:		

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

⊙ 01/14/2022 2:33 RM.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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	ame of the limited liability company: TAYLOR WOO	DROW COM	MUNITIES A	AT ARTISAN LAKES, L.L.C.	
2. (a)	4900 N. SCOTTSDALE ROAD	(b) 49	(h) 4900 N. SCOTTSDALE ROAD		
2. (u)	Principal office address of limited (iability company: (Note: MUST BE STREET ADDRESS)		(<u>Note: /</u>	dress of limited hability company. MAY BE POST OFFICE BOX)	
	SUITE 2000	St	SUITE 2000		
	SCOTTSDALE, AZ 85251	_ <u>SC</u>	COTTSDA	ALE, AZ 85251	
	5/2/2005	L05	L05000043123		
3.	Date of filing/registration in Florida	4.	Docume	ent number	
5. (a)	NRAI SERVICES, INC				
J. (4)	Registered Agent and Registered Office shown on the records of t	the Florida Dept.	of State:		
1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRESS)		22	
	PLANTATION FL	33324		JAN 18 AM	
(b)	Registered Agent Solutions, Inc.			MIN 45	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			
	155 Office Plaza Dr.			. О	
	NEW Registered Office Address:				
	Suite A				
	Tallahassee, FL	32301			
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compar of the limited I	l office and the ny, it is hereby iability compa	confirmed that the change(s)	
	aclyn Wright	Jaclyn V		Assistant Secretary	
_	ture of a member or authorized representative of a member			or typed name of signee	
provise the obj to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide elverflect a change in the registered office address, I if it is writing of this change.	Deviormance	ot on duties a	na i am iamiliai wiin ana acceut	
	Mackenzie Hart, Asst. Secretary				