M1900000 9352

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Converged Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800343307488

04/21/20--01005--012 ++25.00

RECEIVED

APR 2 0 2020

SCURETARY OF STATE
HEY STOP OF CORPORATIONS
20 APR 20 AM II: 35

Sound

MAY 0 4 2020

D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TH HOMES, LLC Name of Foreign Limited Liability Company		
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Codi Jean Name of Person		
TH Homes, LLC		
1630 W Guadalupe Rd Address		
Gilbert AZ 86233		<i>خ</i>
City/State and Zip Code Ciean Treehouse communities. Com E-mail address: (to be used for future annual report notification)	20 KFR 20	50 J. 1405. J.B.Y. 1405.
For further information concerning this matter, please call:	AH II:	OF STA
Donald Stapley at (480) 966-5454 Name of Person Area Code & Daytime Telephone Number	35	TONS OF
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		
Enclosed is a check for the following amount: \$25 Filing Fee \$\Bigcup \$30 Filing Fee \& \Bigcup \$55 Filing Fee \& \Bigcup \$60 Filing Fee. Certificate of Status Certified Copy CR2E055 (9/15)		

2

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	rs on the records of the Florida Department of
State: TH Homes, LLC Enter new principal office address, if applicable:	1630 W Guadalupe Rd. Gilbert Az 85233
•	. Condition Rd. Officer 112 0525
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1630 W Guadalupe Rd Gilbert AZ 85233
2. The Florida document number of this limited lia	ability company is: M19000009352
3. Jurisdiction of its organization: AYIZODA	Corporation Commission
	9/17/2019
SECTION II (5-9 complete only the applicable	- ' /
	t contain "Limited Liability Company," "L.L.C.," or "LLC"
copy of the written consent of the managers or ma must contain "Limited Liability Company." "L.L.6	I for the purpose of transacting business in Florida and attached naging members adopting the alternate name. The alternate name of the new
registered agent and/or the new registered office a	ddress here:
Name of New Registered Agent:	
New Registered Office Address;	Enter Florida Street Address
	Florida
_	, Florida City Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Title/ Capacity	ger to be Donald T	Address	Type of Action
MGR	Donald Thomas Stapley	1630 W Gundalupe Pd Gilbert AZ 85233	DAAdd
			□Remov
			□Add
			□Remov
			□Remov
			□Add
			□Remov
			□Add
aforemention		he official having custody of records in the	□Remov

Filing Fee: \$25.00





DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY, LLC STATEMENT OF CHANGE OF PRINCIPAL ADDRESS OR STATUTORY AGENT

Read the Instructions L020i

1.	ENTIT	Y NAME - give Homes,		name of the	e LLC a	es currently shown in A	A.C.C. reco	ords:
2.	CHANGE IN EXISTING STATUTORY AGENT NAME ONLY – if the name only of the existing statutory agent listed in ACC records has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:							
2.1	CHAN and fol	GE IN EXISTIN	G STATUT	TORY AGEI	NT AD	DRESS – check all tha	at apply	
4						e number 2.2. ete number 2.3.		
2.2	physic	STREET ADDRI al or street addi ona of the exist	ress (not a	P.O. Box1	2.3	NEW MAILING ADD mailing address in Ar statutory agent (can Check box if same as	izona of th be a P.O.	ne existing Box):
Aztentic	on (optional)				Attentio	n (optional)		
edres:					Address	1		
lity.	s 2 (optional		State	Zip	Address	2 (optional)	State	2ip

3.	NEW STATUTORY	AGENT -	if a new sta	tutory	agent is beir	ig appoir	itec	
	and complete the f	ollowing to	the NEW	statut	ory agent:	• • • •	,	
3.1	3.1 <u>REQUIRED</u> – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			3.2	REQUIRED -	give the e NEW S	mailing ac tatutory A	ldress in gent (can be
Statute	iomas Staple	y III						
Attentio	on (optional)			Attention	(optional)		<u> </u>	
20	15 S Cottoniuc	and Dr		207	5 S Cot	tonu	ood D	11-
Address	5 l		-	Address	3 3 001	101100	vu v	<u>'I</u>
Address	s 2 (optional)			Address	(optional)			T
CITY	Tempe	State AZ	z10 85282	City	Iampe	;	State AZ	20 85282
3.3	REQUIRED — if you ar form M002 must be s	re appointin ubmitted al	ig a new sta long with th	atutory nis Stat	agent, the Sement of Cha	tatutory ange for	Agent Acc	eptance
4.	PRINCIPAL ADDRESS Same as Statutory Give the NEW mai	Agent street a	iddress	☐ Sa	he correspon			
	Attention (optional)			-				
	Address							
	Address 2 (optional)							
	Country		5		tate or rovince	<u></u>	p	

SIGNATURE - see Instructions L020i for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of law* that he or she has given the LLC named in number 1 above written notice of the address change.

By checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.

Th	omas Stapley II 11/20/19
REQUIRED - check only one and fill in the corresp	ponding blank if signing for an entity:
I am an Individual authorized to sign this document.	I am signing on behalf of an entity that is authorized to sign this document.

Filing Fee: \$5.00 (regular processing)

Expedited processing – add \$35.00 to filing fee.

All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission - Examination Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private logal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.

If you have questions after reading the Instructions, please cell 602-542-3026 or (within Arizona only) 800-345-5819.



DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

		Trough
1.	ENTITY NAME – give the exact name in Arizo Statutory Agent (this must match exactly the n statutory agent, e.g., Articles of Organization o	na of the corporation or LLC that has appointed the ame as listed on the document appointing the r Articles of Incorporation):
	TH Homes, LLC	
2.	must match exactly the statutory agent name	her an individual or an entity). NOTE - the name as listed in the document that appoints the or Articles of Organization), including any middle
_	Thomas Stapley III	•
	By the signature appearing below, the individual accepts the appointment as statutory agent for acknowledges that the appointment is effective agent or the statutory agent resigns, whichever the person signing below declares and certifies contained within this document together with a submitted in compliance with Arizona law.	the entity named in number 1 above, and until the appointing entity replaces the statutory roccurs first.
	- ()	
	Thon	nas Stapley III 12/03/19
Sign	alure Printed N	lame Date
REC	QUIRED - check only one:	
	Individual as statutory agent: I am	Entity as statutory agent: I am signing on
	signing on behalf of myself as the individual (natural person) named as statutory agent.	behalf of the entity named as statutory agent,
L	material person) hamed as statutory agent.	and I am authorized to act for that entity.

Filing Fee: none (regular processing) Mail: Arizona Corporation Commission - Examination Section Expedited processing - not applicable. 1300 W. Washington St., Phoenix, Arizona 85007 All fees are nonrefundable - see Instructions. Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the Individual needs of your business.

All documents filed with the Anzona Corporation Commission are public record and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

ENTITY INFORMATION

Search Date and Time: 4/16/2020 8:18:32 AM

Entity Details

Entity Name:

TH HOMES, LLC

Entity ID:

L13684612

Entity Type:

Domestic LLC

Entity Status:

Active

Formation Date:

5/22/2007

Reason for Status:

In Good Standing

Approval Date:

6/18/2007

Status Date:

Original Incorporation Date:

5/22/2007

Life Period:

12/31/2050

Business Type:

Retail Trade (45)

Last Annual Report Filed:

Domicile State:

Arizona

Annual Report Due Date:

Years Due:

Original Publish Date:

7/9/2007

Privacy Policy (http://azcc.gov/privacy-policy) | Contact Us (http://azcc.gov/corporations/corporation-contacts)

Statutory Agent Information

Name:

THOMAS STAPLEY III

Appointed Status:

Active 12/9/2019

Attention:

Address:

2075 S COTTONWOOD DR, TEMPE, AZ 85282, USA

Agent Last Updated:

12/9/2019

E-mail:

Attention:

Mailing Address:

2075 S COTTONWOOD DR , TEMPE, AZ 85282, USA

County:

Maricopa

Principal Information

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Member	THOMAS STAPLEY III		2625 N 24TH ST #26, MESA, AZ, 85213, USA	5/14/2010	6/11/2010

Page 1 of 1, records 1 to 1 of 1

Address (2)

Attention:

Address: TREEHOUSE GROUP 2075 S COTONWOOD DR. TEMPE, AZ, 85282, USA

County: Maricopa Last Updated:

Entity Principal Office Address

Attention:

Privacy Policy (http://azcc.gov/privacy-policy) | Contact Us (http://azcc.gov/corporations/corporation-contacts)

411	612020	
4/1	6/2020	

Arizona Corporation Commission

Address:

County:

Last Updated:

Back Return to Search

Return to Results

Document History

Name/Restructuring History

Pending Documents

Microfilm History