2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2017
Secretary of State
CC9128756797

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Entity Name: DIVOSTA HOMES HOLDINGS, LLC

Current Principal Place of Business:

3350 PEACHTREE ROAD NORTHEAST
SUITE 150
ATLANTA, GA 30326

Current Mailing Address:

3350 PEACHTREE ROAD NORTHEAST
SUITE 150
ATLANTA, GA 30326 US

FEI Number: 38-3691939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CORPORATION SERVICE COMPANY 05/02/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER AND VICE PRESIDENT
Name	HILL, KIMBERLY M
Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ATLANTA GA 30326

Title	VP AND ASST SECRETARY
Name	CLEMENTS, SCOTT
Address	4901 VINELAND ROAD
City-State-Zip:	ORLANDO FL 32811

Title	VP
Name	YONALEY, BRIAN
Address	24311 WALDEN CTR DR STE 300
City-State-Zip:	BONITA SPRINGS FL 34134

Title	VP, TREASURER
Name	LANGEN, D BRYCE
Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ATLANTA GA 30326

Title	ASSISTANT SECRETARY
Name	VOILES, CHANDLER
Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ATLANTA GA 30326

Title	PRESIDENT
Name	OSSOWSKI, JAMES L
Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ATLANTA GA 30326

Title	AS
Name	CONLON, KELLYMARIE M
Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ATLANTA GA 30326

Title	SECRETARY
Name	MATUREN, ELLEN PADESKY
Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ATLANTA GA 30326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELLYMARIE CONLON ASSISTANT SECRETARY 05/02/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date