

2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M03000004091

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

05/17/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name SHELDON, TODD N.
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title VICE PRESIDENT AND ASSISTANT
SECRETARY
Name CLEMENTS, SCOTT
Address 4901 VINELAND DRIVE
SUITE 500
City-State-Zip: ORLANDO FL 32811

Title VP
Name YONALEY, BRIAN
Address 4901 VINELAND DRIVE
SUITE 500
City-State-Zip: ORLANDO FL 32811

Title ASST. SECRETARY
Name FRATTER, ERIC
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

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

Title VP
Name HILL, KIMBERLY
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASST. TREASURER
Name RIVES, GREGORY S
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

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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: TODD N. SHELDON

MANAGER

05/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	ASST. SECRETARY
Name	IRWIN, ROSS
Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ATLANTA GA 30326