

2018 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M17000000049

Entity Name: CENTEX REAL ESTATE COMPANY, 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:** 20-8642726**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** DAWN FRANTZ, ASST. SECRETARY

10/16/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

Title VP
Name CLEMENTS, SCOTT
Address 2301 LUCIEN WAY
SUITE 155
City-State-Zip: MAITLAND FL 32751

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

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

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

Continues on page 2

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

ASST. SECRETARY

10/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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