



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Taylor Morrison, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F02000000829

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

**Mary Castillo**

Name of Contact Person  
Registered Agent Solutions, Inc.  
Firm/Company  
Corporate Center One, 5301 Southwest Pkwy, Ste 400  
Address  
Austin, Texas 78735  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) \_\_\_\_\_

For further information concerning this matter, please call:

**Mary Castillo** at ( 888 ) 705-7274  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Taylor Morrison, Inc.
- 2. The principal office address: 4900 N. SCOTTSDALE ROAD SUITE 2000  
SCOTTSDALE, AZ 85251
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 2/13/2002 Document number: F02000000829
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.  
155 Office Plaza Dr. Suite A  
P.O. Box NOT acceptable  
Tallahassee FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Jaclyn Wright Jaclyn Wright Assistant Secretary  
Signature of an officer or director Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Mackenzie Hart 01/14/2022  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Mackenzie Hart, Assistant Secretary  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*