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Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
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## REGISTERED AGENT CHANGE TAYLOR MORRISON, INC.

Certificate of Status	0
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C. BRUMBLET
JAN 1 8 2022

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pg 2 of 3 H22000019990 3

## **COVER LETTER**

Amendment Section

TO:

Taylor Morrison, Inc.  Name of Corporation  F0200000829  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
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 Cemer One, 5301 Southwest Pkwy, Ste 400  Address  Austin, Texas 78735
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Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735
Name of Contact Person  Registered Agent Solutions, Inc.  Firm/Company  Corporate Center One, 5301 Southwest Pkwy, Ste 400  Address  Austin, Texas 78735
Registered Agent Solutions, Inc.  Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400  Address Austin, Texas 78735
Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735
Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735
Address Austin, Texas 78735
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
Name of Contact Person at (888 ) 705-7274  Area Code & Daytime Telephone Number

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

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

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation or to change its registered office or	organized un	der the la	ws of the State of	Delaware	_
1. The name of t	the corporation: Taylor Morriso	on, Inc.				
2. The principal	office address: 4900 N. SCO		ROAL	SUITE 2000	)	
3. The mailing a	iddress (if different):					
4. Date of incorp	poration/qualification: 2/13/200	2 r	Ocument	number: F0200	0000829	
5. The name and	I street address of the current regist- tment of State: (If resigned, enter n	ered agent an				
	NRAI SERVICES, IN	IC				
	1200 SOUTH PINE ISLAND	ROAD			- -·	202
	PLANTATION		FL	33324		2 JAA
6. The name and (if changed):	Registered Agent Solu	_		nd /or registered of	ffice Signal of the Signal of	2022 JAN 14 AM 11. 50
	155 Office Plaza Dr.		uite A	~	·· C	5
	Tallahassee	P.O. Box NOT ac	серіавіс 3230	1		
The street addre as changed will	ess of its registered office and the s be identical.	street address	of the b	usiness office of it	- ts registered age	ent,
	is authorized by resolution duly ac ne board, or the corporation has be					
/s/ Jaclyn	Wright	Jacly	n Wrigl		Assistant Sec	retary
l hereby accept l furthér agree t of my duties, an document is bei	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	l statuteš rel e obligation in the regisi	to act in	ited or typed name and to this capacity, he proper and con sition as registere ce address. I herei		ince this the
Hock	anziett	01/	14/202	2		
offic.	ваше и керистра лусти			Date		
	half of an entity:					
	Assistant Secretary					
1)	<pre>/ped or Printed Name</pre>	G FEE: \$35	.00 * * *			