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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: WESTFIELD HOMES USA, INC.

Name of Corporation

DOLIMENT NUMBER, F0200006066

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

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

tracey.ethridge@calatl.com

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

For further information concerning this matter, please call:

Mary Castillo

.,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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this page is submitted for a corporation organized under the laws of the State of DELAWARE ler to change its registered office or registered agent, or both, in the State of Florida.	-
	the corporation: WESTFIELD HOMES USA, INC.	
2. The principal	al office address: 405 N. REO STREET., SUITE 330 FL 33609	
	address (if different): 15360 BARRANCA PARKWAY	
4. Date of incorp	rporation/qualification: 12/06/2002 Document number: F02000006066	
5. The name and	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	NRAI SERVICES, INC.	
	1200 SOUTH PINE ISLAND ROAD	
	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office;	
	Registered Agent Solutions, Inc.	4
	155 Office Plaza Dr. Suite A	
	P.O. Box NOT acceptable Tallahassee, FL 32301	
The street addre	ress of its registered office and the street address of the business office of its registered age ll be identical.	nt,
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
All Signatur	Adam Saldana, Attorney in Fact for John P. Babel Printed or typed name and title	-
I hereby accept I further agree t performance of agent. Or, if th	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
	11-16.16	_
J	gnature of Registered Agent Date	
• •	ehalf of an entity:	
1 minh vani	nell, Asst. Secretary	

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