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To:			. ,
	Division of Cor	porations	- r
	Fax N umber	: (850)617-6380	
From:			
	Account Name	: REGISTERED AGENT SOLUTIONS INC	
الد 🚅	Account Number	: I20100000062	
	Phone	: (888)705-7274	
S ST	Fax Number	: (888)706-7274	1 'C = 1
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_ 0,			
Enter	the email address	for this business entity to be used f	For future
— 🏂 🛣 ar	nnual report maili	ngs. Enter only one email address plea	se.**
	nail Address:		<u> </u>
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2022 JAN SECRETZ TALLA	· · · · · · · · · · · · · · · · · · ·		

REGISTERED AGENT CHANGE TAYLOR MORRISON INSURANCE SERVICES, INC.

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COVER LETTER

Amendment Section

TO:

Division of Corporations				
TAYLOR MORRISON INSU SUBJECT:	RANCE SERVICES, INC.			
DOCUMENT NUMBER: F0600005	775			
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.			
Please return all correspondence concerning this mal	iter 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 rep	,			
Man. One 491.				
Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephone Number			
Enclosed is a \$35,00 check made payable to the Dep	artment of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617 ange is submitted for a corporation of tr to change its registered office or re	rganized under the la	ws of the State of	Delaware	
2. The principal	the corporation: TAYLOR MOR office address: 4900 N. SCOTT				
-	iddress (if different):				_
4. Date of incorp	poration/qualification: 9/6/2006	Document	number: F0600	0005775	_
	I street address of the current register rtment of State: (If resigned, enter res		ed office on file w	rith the	
	NRAI SERVICES, INC	C		2	
	1200 SOUTH PINE ISLAND	ROAD		2022 JAN	
	PLANTATION	FL	33324		
6. The name and (if changed):	d street address of the new registered Registered Agent Solu		nd/or registered of	# AM 11: 51	
	155 Office Plaza Dr.	Suite A			
	Tallahassee	FL 3230	1	_	
The street addre	ess of its registered office and the st be identical.	reet address of the b	usiness office of i	ts registered agent,	
Such change was authorized by the	as authorized by resolution duly add ne board, or the corporation has been	opted by its board of n notified in writing	directors or by an of the change.	officer so	
/s/ Jaclyr	Wright	Jaclyn Wrigl	ht ued or typed name and t	Assistant Secret	ary
i juriner agree i of my duties, an document is bei	the appointment as registered agen to comply with the provisions of all id I am familiar with and accept the ng filed mevely to reflect a change i s been notified in writing of this cha	statutes relative to to obligation of my pos in the registered offic	he proper and cor sition as revistere	nplete performance d agent. Or, if this by confirm that the	
Hod	nature of Registered Agent	01/14/202	Date:		
If signing on be	half of an entity:				
	Assistant Secretary				
T)	yped or Printed Name				
	* * * FILING	G FEE: \$35.00 * * *			