

To:

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2024-08-28 08:29:06 EDT

14072648400

From: Mattamy Homes US HR

**F07000005791**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H24000275187 3)))



H240002751873ABC3

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : MATTAMY HOMES  
Account Number : I20230000187  
Phone : (407)845-8192  
Fax Number : (407)264-8400

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

Email Address: nicole.swartz@mattamycorp.com

SECRETARY OF STATE  
TALLAHASSEE, FL

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MATTAMY HOMES CORPORATION**

|                       |         |
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August 16, 2024

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsMATTAMY HOMES CORPORATION  
400 PARK AVE SOUTH  
220  
WINTER PARK, FL 32789SUBJECT: MATTAMY HOMES CORPORATION  
REF: F070000057912024 AUG 28 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FL  
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We received your electronically transmitted document. However, document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FOREIGN CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline  
Regulatory Specialist II Supervisor

FAX Aud. #: H24000275187  
Letter Number: 024A00018362

COVER LETTER

TO: Amendment Section Division of Corporations  
SUBJECT: Mattamy Homes Corporation  
Name of Corporation  
DOCUMENT NUMBER: F07000005791

The enclosed Amendment and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Nicole Marginian Swartz  
Name of Contact Person  
Mattamy Homes  
Firm/Company  
4901 Vineland Road Suite 450  
Address  
Orlando, Florida 32811  
City/State and Zip Code

nicole.swartz@mattamycorp.com  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call.  
Catalina Jaramillo at 407 845-8192  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee
- ☐ \$43.75 Filing Fee & Certificate of Status
- ☐ \$43.75 Filing Fee & Certified Copy
- ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

PROFIT CORPORATION  
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
(Pursuant to s. 607.1504, F.S.)

SECTION I  
(1-3 MUST BE COMPLETED)

F07000005791  
\_\_\_\_\_  
(Document number of corporation (if known))

1. Mattamy Homes Corporation  
\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 11/26/2007  
\_\_\_\_\_  
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| <u>Title/Capacity</u> | <u>Name</u>             | <u>Address</u>               | <u>Type of Action</u>                                 |
|-----------------------|-------------------------|------------------------------|---|
| D                     | Timothy P. Graney       | 4901 Vineland Rd Suite 450   | <input checked="" type="checkbox"/> <del>Add</del>    |
|                       |                         | Orlando, Florida 32811       | <input type="checkbox"/> Remove                       |
| D                     | Robert A. Harris        | 4901 Vineland Road Suite 450 | <input type="checkbox"/> Add                          |
|                       |                         | Orlando, Florida 32811       | <input checked="" type="checkbox"/> <del>Remove</del> |
| VP                    | Robert A. Harris        | 4901 Vineland Road Suite 450 | <input type="checkbox"/> Add                          |
|                       |                         | Orlando, Florida 32811       | <input checked="" type="checkbox"/> <del>Remove</del> |
| S                     | Robert A. Harris        | 4901 Vineland Road Suite 450 | <input type="checkbox"/> Add                          |
|                       |                         | Orlando, Florida 32811       | <input checked="" type="checkbox"/> <del>Remove</del> |
| S                     | Nicole Marginian Swartz | 4901 Vineland Road Suite 450 | <input checked="" type="checkbox"/> <del>Add</del>    |
|                       |                         | Orlando, Florida 32811       | <input type="checkbox"/> Remove                       |

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CLERK OF THE  
TALLAHASSEE, FL

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated

DocuSigned by:  
Nicole Swartz  
Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary

8/27/2024

Nicole Marginian Swartz

Vice President

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00