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DATE: 11/22/2016

**NAME**: TAYLOR MORRISON FOUNDATION INC

TYPE OF FILING: AFFIDAVIT

**COST:** \$43.75

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ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Taylor Morrison Foundation Inc.				
Name of Corporation  DOCUMENT NUMBER: F16000004364				
The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Sharon K. Gray				
Name of Contact Person				
Triad-Professional Services				
Firm/Company				
1720 Windward Concourse, Ste. 390				
Address				
Alpharetta, GA 30005				
City/State and Zip Code				
jbaden@triadpros.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sharon K. Gray 3777 377-2091				
Sharon K. Gray  Name of Contact Person  Area Code & Daytime Telephone Number				
Enclosed is a check made payable to the Florida Department of State for the following amount:				
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)				
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				

CR2E127 (8/08)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

2. This entity was authorized to tra	orrison Foundation Inc. vas authorized to transact business in Florida on 09/29/2016 and its Florida document		
number is F16000004364			
3. This corporation was formed un-	der the laws of Arizona SA 2		
4. The name and address of each of	officer and/or director is as follows:		
Title: Director	Name and Address  C. David Cone		
	4900 N. Scottsdale Road, Ste. 2000		
	Scottsdale, AZ 85251		
Director_	Sheryl Denise Palmer		
· · · · · · · · · · · · · · · · · · ·	4900 N. Scottsdale Road, Ste. 2000		
	Scottsdale, AZ 85251		
Director	Darrell C. Sherman		
	4900 N. Scottsdale Road, Ste. 2000		
	Scottsdale, AZ 85251		
	SEE ATTACHED ADDITIONAL		
	LIST OF OFFICERS		
(Att	ach additional pages if necessary)		
June Estrula	Assistant Secretary		
nature of an officer or director ne G. Estrada	Title of person signing		
d or printed name of person signing	FILING FEE \$35		

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)

#### **ATTACHMENT TO AFFIDAVIT**

#### BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

٠	Title	Name and Address
	CFO/Executive VP/Treasurer	C. David Cone 4900 N. Scottsdale Road, Ste. 2000 Scottsdale, AZ 85251
•	Assistant Secretary	Caroline G. Estrada 4900 N. Scottsdale Road, Ste. 2000 Scottsdale, AZ 85251
	Vice President	Stephanie McCarty 4900 N. Scottsdale Road, Ste. 2000 Scottsdale, AZ 85251
•	CEO/President	Sheryl Denise Palmer 4900 N. Scottsdale Road, Ste. 2000 Scottsdale, AZ 85251
	Chief Legal Officer/Executive VP/Secretary	Darrell C. Sherman 4900 N. Scottsdale Road, Ste. 2000 Scottsdale, AZ 85251