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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.

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REGISTERED AGENT CHANGE TAYLOR MORRISON HOME FUNDING, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TAYLOR MORRISON F	HOME FUND	ING, INC.	
Name of Corporation	- "		
DOCUMENT NUMBER: F2000005	472	·	
The enclosed Statement of Change of Registered Or	ffice/Agent and fee a	re submitted for fil	ling.
Please return all correspondence concerning this ma	atter 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 re	port notification)		. 3
For further information concerning this matter, plea	se call:		
Mary Castillo	at (888	, 705-7274 & Daytime Telepl	
Name of Contact Person	Area Code	& Daytime Telepl	hone Number
Enclosed is a \$35.00 check made payable to the Dep	partment of State.		
Mailing Address:	Street Address:		
Amendment Section Division of Corporations	Amendment Sec Division of Cor		
P.O. Box 6327	The Centre of T		
Tallahassee, FL 32314		e Street, Suite 81	0

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

statement of cha	provisions of sections 607,0502, 6 inge is submitted for a corporation or to change its registered office of	ı organized	under the la	ws of the State of	of California	-
1. The name of t	the corporation: TAYLOR MC	RRISON	N HOME	FUNDING, I	NC.	
	office address: 4695 MACAR	THUR C	COURTS	UITE 950		
	ddress (if different): 4900 NORT	H SCOTTS	SDALE ROA	AD SUITE 2000	SCOTTDALE, AZ	 Z 85251
	poration/qualification: 12/7/202			number: F200		_
5. The name and	I street address of the current regis timent of State: (If resigned, enter	stered agent				
	NRAI SERVICES, II	NC				
	1200 SOUTH PINE ISLAN	ID ROAD			202	
	PLANTATION		FL	33324	2 JAN	1
6. The name and (if changed):	Registered Agent So	_	-	nd/or registered	2022 JAH 14 AM 11:5	FILED
	155 Office Plaza Dr.		Suite A		59	
	Tallahassee	P.O. Box NO	Гассеріавіс 3230	1		
The street addre as changed will	ess of its registered office and the be identical.	street addi	ress of the bi	usiness office of	f its registered ager	nt,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	idopted by seen notific	its board of d in writing	directors or by a of the change.	an officer so	
isi Jaclyn V	_		clyn Wrigi		Assistant Secr	etary
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered as to comply with the provisions of d I am familiar with and accept a file flect merely to reflect a change been notified in writing of this comply to the control of the c	gent and ag all statutes the obligati ge in the reg	Por	ited or typed name and		ce ns he
Hock	nature of Registered Agent	. <u>0</u>	1/14/202	Date		_
·	half of an entity:			LM		
	Assistant Secretary					
	ped or Printed Name	-				
	* * * FILI	NG FEE: S	35.00 * * *			