Division of Corporations 1/17/22, 11:50 AM

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H22000021748 3)))



H220000217483ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

fax Number : (850)617-6383

From:

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.\*\*

| 36       | Email<br>- | . Address:            |         | <u>;</u> | 22   |  |
|----------|------------|-----------------------|---------|----------|------|--|
| 3 PM 12: | TAYLO      | L.L.C.                | 81 Wil  | ال<br>ا  |      |  |
| JAN I    |            | Certificate of Status | 0       |          | PM - |  |
| 2022 34  | -          | Certified Copy        | 0       |          | 12:  |  |
|          | 7          | Page Count            | 01      | :•       | 24   |  |
|          |            | Estimated Charge      | \$25.00 |          |      |  |

Electronic Filing Menu Corporate Filing Menu

Helft. LEMIEUX JAN 19 2022

22000021748 3

|  | H   |
|--|---|
| g i i  | COVER LETTER  |
| PO: Registration Section Division of Corporations          |   |
| SUBJECT: TAYLOR WOOD                                       | ROW COMMUNITIES AT VASARI, L.L.C.                       |
|  | Name of Limited Liability Company                       |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registe                      | ered Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concer                    | rning this matter to the following:                     |
| ,  | •   |
| Mary Castillo  |   |
| Name of Perso  | n   |
| Registered Agent Solutions, Inc.                           |   |
| Firm/Company   | <del></del>   |
| Corporate Center One, 5301 So                              | uthwest Pkwy. Ste 400                                   |
| Address  |   |
| Augstin TV 70725   |   |
| Austin, TX 78735  City/State and Zip                       | Coda  |
| City/State and Zip   | Cont  |
| E-mail address: (to be used for fu                         | iture annual report notification)                       |
| For further information concerning this                    |   |
| Mary Castillo  | 888 705-7274  |
| Name of Person   | at ()Area Code & Daytime Telephone Number               |
| STREET/COURIER ADDRI                                       | ESS: MAILING ADDRESS:                                   |
| Registration Section                                       | Registration Section Division of Corporations           |
| Division of Corporations Clifton Building                  | P.O. Box 6327   |
| 2661 Executive Center Circle<br>Tallahassee, Florida 32301 | Tallahassee, Florida 32314                              |
| Enclosed is a check for the fo                             | ollowing amount:  |
| S25 Filing Fee   | S55 Filing Fee & Certified Copy                         |
|  |   |

H22000021748 3

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| I. Na                        | me of the limited liability company:   | TAYLOR WO  | ODROV  | V COMM                                       | IUNITIES  | AT VASARI, L.L.C.                                     |  |  |
|------------------------------|--|--|--|--|---|---|--|--|
| 2. (a)                       | 4900 N. SCOTTSDALE   |  |  |  | . SCOT  | TSDALE ROAD   |  |  |
| 2. (d)                       | Principal office address of limited lial (Note: MUST BE STREET A)  | bility company:  | - \ \ -  | ſ  | Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX) |   |  |  |
|                              | SUITE 2000   |  | SUITE 200  |  | 2000  | 000   |  |  |
|                              | SCOTTSDALE, AZ 852   | 251  | _  | SCOTTSDALE, AZ 85251                         |   |   |  |  |
|                              | 10/24/2000   |  | L0000013027  |  |   |   |  |  |
| 3.                           | Date of filing/registration in   | Florida  | 4.   | D  | ocument nu  | mber  |  |  |
| 5. (a)                       | NRAI SERVICES, INC   |  |  |  |   |   |  |  |
| 5. (a)                       | Registered Agent and Registered Office show  | n on the records of th   | he Florida De  | pt, of State:                                |   |   |  |  |
|                              | 1200 SOUTH PINE ISL  | AND ROA  | 'D   |  |   |   |  |  |
|                              | Registered Office Address (MUST BE FI  | LORIDA STREET A  | DDRESS)  |  |   |   |  |  |
|                              |  |  |  |  |   |   |  |  |
|                              | PLANTATION   | , FL   | 33324  |  |   | 22  |  |  |
| (b)                          | Registered Agent Solut   | ions, Inc.   |  |  |   | •   |  |  |
| (11)                         | Enter name of NEW Registered Agent and/o   |  | Office addre   | <u>ss</u> :                                  |   |   |  |  |
|                              | 155 Office Plaza Dr.   |  |  |  | JAN 18 PN 12: 24  |   |  |  |
|                              | NEW Registered Office Address:   |  | <del></del>  |  | 35 15   |   |  |  |
|                              | Suite A  |  |  |  | 24<br>37  |   |  |  |
|                              | Tallahassee  | , FL   | 32301  |  |   |   |  |  |
| the cha<br>agent v<br>was/wa | imited liability company is not organi<br>inge or changes are made, the Florida<br>will be identical. Or, in the case of a bere authorized by an affirmative vote of<br>teles of organization or the operating a | street address of<br>Florida limited lia<br>of the members of  | the registe<br>bility com<br>f the limite            | red office a<br>pany, it is l<br>d liability | and the busir<br>tereby confi-<br>company or                                  | ness office of the registered rmed that the change(s) |  |  |
| s/ Já                        | aclyn Wright   |  | Jaclyr   | n Wright                                     |   | Assistant Secretary                                   |  |  |
|                              | ture of a member or authorized representative  |  |  |  |   | I name of signee                                      |  |  |
| provis.<br>the obj<br>to mer | by accept the appointment as register. ions of all statutes relative to the propligations of my position as registered all reflect a change in the registered of in writing of this change.  Mackenzie Hatt, A   | er and complete pagent as provided of the address, I had address, I had address and the addres | 11/2011/15 20 11 11 17 17 17 17 17 17 17 17 17 17 17 | ペク・ハチ われい バル                                 | 1110°C (1111(1-1-1)   | m tamuani wan ana accim                               |  |  |
| Signati                      | ire of Registered Agent  |  |  |  |   |   |  |  |