L02000029186

(Rec	questor's Name)				
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RARUMS

! ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: November 12, 2020

Order#: 500155/036

Re: M/I HOMES OF FLORIDA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

1. Na	ime of the limited liability company:	F FLO	RID.	A, LLC	
2. (a)	4131 Worth Avenue		(b	4131 Wo	rth Avenue
-: (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 500			Suite 500	
	Columbus, OH 43219	_		Columbu	s, OH 43219
	11/01/2002			L02000029	9186
3.	Date of filing/registration in Florida	- 4.	-		Document number
5. (a)	C T CORPORATION SYSTEM				
J. (u)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	f the Flo	orida	Dept. of Stat	ee:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2020
	PLANTATION	. 333	 24		-
	, F	L			- ::
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Offic	e ad	dress:	-
	Corporation Service Company				: 23
	NEW Registered Office Address:				
	1201 Hays Street				_
	Tallahassee, F	L_323	01		_
change agent v was/wo the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited letter authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regis liability of the	stere y co lim	d office an mpany, it i ited liabilit	d the business office of the registered s hereby confirmed that the change(s) cy company or as otherwise provided in
	ture of a mounter or authorized representative of a member	_	Jill (Cilmi, Autho	orized Person
I here provisi the obl to mere notified	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this change.	gree to e perfo ed for I hereb	act ormo in C y co	in this cap ince of my Chapter 603 infirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	Draze C-Kubi, ire of Registered Agent				
Grace	E. Kirby, Asst. Vice President of Corporation Service	ce Con	npar	ny	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)