LOZ 000029193

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(Document Number)						
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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#: 500155/053

Re: M/I HOMES OF TAMPA, 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.

(a)	4343 ANCHOR PLAZA PARKWAY, SUITE 200	(b) 4131 Wo	rth Avenue	
` ` -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		(Note: MAY B	f limited liability company: E POST OFFICE BOX)
	TAMPA, FL 33634		Columbus	s, OH 43219	
	11/01/2002		L02000029	9193	
	Date of filing/registration in Florida	4.		Document nur	mber
(a)	C T CORPORATION SYSTEM				
(a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	_ e:	
	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	_	
	PLANTATION	33324		_	
	, FI	- <u></u>		-	
(b)					2020 NOV
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	idress:	_	PER S
	Corporation Service Company				7 6
	NEW Registered Office Address:			_	
	1201 Hays Street				PH 4: 20 OF STAT
				_	26 FATE
	Tallahassee, FI	32301		_	iu o
ange ent w is/we	mited liability company is not organized under the la or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	register ability co of the lir	ed office an ompany, it is nited liabilit	d the business s hereby confir y company or a	office of the registered med that the change(s)
	Xie E. Clerie	Jill —	Cilmi, Autho	orized Person	
•	ure of a member or authorized representative of a member			Printed or typed	_
heret	y accept the appointment as registered agent and age ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to ac perform ed for in	t in this cape cance of my c Chapter 605	acity. I further duties, and I ar 5, F.S. Or, if th	agree to comply with the n familiar with and accep is document is being filed

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