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To:	Division of Corporations		
	Fax Number : (850)617-6383		
From			
	Account Name : REGISTERED AGENT SOL Account Number : I20100000062	UTIONS INC	
	Phone : (888)705-7274		
	Fax Number : (888)706-7274		
AYLO		CHANGE FLORIDA D	ivision,
AYLO		CHANGE FLORIDA D	, -
CAYLO		CHANGE FLORIDA D 0 0	, -
TAYLO		CHANGE FLORIDA D 0 0 0 01	, -
FAYLO	LLC REGISTERED AGENT R WOODROW HOMES - CENTRAL Certificate of Status Certified Copy	FLORIDA D	, -
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	stration Section sion of Corporations					•	
SUBJECT:	TAYLOR WOODROW HOMES - CENTRAL FLORIDA DIVISION, L.L.C						
	Name of Limited Liability Company						
Dear Sir or N	Aadam:						
The enclosed	l Registered Agent/Registered Office	e Change	and fee(s) are s	ubmitted i	or filing.		
Please return	all correspondence concerning this	matter to	the following:				
Mary (Castillo						
	Name of Person						
Registered	d Agent Solutions, Inc.						
	Firm/Company	<u>-</u>					
Corporate	Center One, 5301 Southwest	Pkwy, S	Ste 400				
	Address	_					
Austin, TX	(78735						
	City/State and Zip Code						
E-mail	address: (to be used for future annu	al report	notification)				
For further in	nformation concerning this matter, p	lease cal	l:				
Mary (Castillo	88	8 705-7	274			
	Name of Person	_ at (Area Cod	le & Dayt	ime Telepho	one Number	
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301		MAILING Al Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporation 7	s		
Enc	Enclosed is a check for the following amount:						
۵s	25 Filing Fee	(355 Filing Fe	e & Certi	fied Copy		

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

15129570210

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.

	TAYLOR WOODROW HOMES -	CENTRAL FLORIDA DIVISION, L.L.C
1. Name of the limited liability company:		N. SCOTTSDALE ROAD
2. (a) 4900 N. SCOTTSDALE Principal office address of limited lia		Mailing address of limited liability company:
(Note: MUST BE STREET A		(Note: MAY BE POST OFFICE BOX)
SUITE 2000	SUITE	E 2000
SCOTTSDALE, AZ 85	251 SCOT	TSDALE, AZ 85251
10/28/2003	L0300	0041594
3. Date of filing/registration in	ı Florida 4.	Document number
5. (a) NRAI SERVICES, INC		
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of Sta	te:
1200 SOUTH PINE IS	LAND ROAD	
Registered Office Address (MUST BE F	LORIDA STREET ADDRESS)	
PLANTATION	33324	
Registered Agent Solut	tions, Inc.	_
Enter name of NEW Registered Agent and	or NEW Registered Office address:	
155 Office Plaza Dr.		_ 22
NEW Registered Office Address:		
Suite A		
Tallahassee	FL_32301	
If the limited liability company is not organ the change or changes are made, the Florida agent will be identical. Or, in the case of a was/were authorized by an affirmative vote the articles of organization or the operating	a street address of the registered office Florida limited liability company, it of the members of the limited liabili	lorida, it is hereby confirmed that after ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
/s/ Jaclyn Wright	Jaclyn Wrig	
Signature of a member or authorized representative		Printed or typed name of signee
I hereby accept the appointment as register provisions of all statutes relative to the pro- the obligations of my position as registered to merely reflect a change in the registered	red agent and agree to act in this cap per and compleie performance of my agent as provided for in Chapter 60 affice address, I hereby confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed t the limited liability company has been

Mackenzie Hart, Asst. Secretary

notified in writing of this change.

Signature of Registered Agent