Division of Corporations

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Division of Corporations

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From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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REGISTERED AGENT CHANGE **TAYLOR WOODROW COMMUNITIES AT PORTICO, L.L.C.**

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COVER LETTER

TO: Registration Section **Division of Corporations**

TAYLOR WOODROW COMMUNITIES AT PORTICO, L.L.C. SUBJECT: Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo					
Name of Person		•			
Registered Agent Solutions, Inc.					
Firm/Company		•			
Corporate Center One, 5301 Southwest I	Pkwy, Ste 40	0			
Address		•			
Austin, TX 78735					
City/State and Zip Code		•			
E-mail address: (to be used for future annual For further information concerning this matter, pl		ītion)			
Mary Castillo	888 at (705-7274			
Name of Person	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following as	mount:				
□ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

□ \$25 Filing Fee

15129570210

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

. 107 (504)	TAYLOR WOO	ממר	NAT CONANAI	MITIE	SATP	ARTIC	0	1.0
1. Name of the limited liability company:	·	טאטכ						
2. (a) 4900 N. SCOTTSDALI	E ROAD	_ (b						
Principal office address of limited in (Note: MUST BE STREET)		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)						
SUITE 2000		SUITE 2000						
SCOTTSDALE, AZ 85	5251	SCOTTSDALE, AZ 85251						
6/15/2004			L04000	04502	23			
3. Date of filing/registration	in Florida	4.	ſ	Documen	t number	•		
5. (a) NRAI SERVICES, INC)							
Registered Agent and Registered Office ships 1200 SOUTH PINE IS	own on the records of th		Dept. of State:					
Registered Office Address (MUST BE	FLORIDA STREET AL	DDRESS	2					
PLANTATION	, FL	3332	4					
(b) Registered Agent Solu	utions, Inc.					22		
Enter name of NEW Registered Agent an	d/or NEW Registered C	bs 22MC	dress:					
155 Office Plaza Dr.					÷	JAN 18		
NEW Registered Office Address:						~		
Suite A					، ر - : • :	=	<i>ب</i>	
Tallahassee	, FL. <u>`</u>	3230	1		# FT	61:11 HV 81 M	•	
If the limited liability company is not orgathe change or changes are made, the Floricagent will be identical. Or, in the case of a was/were authorized by an affirmative votithe articles of organization or the operating	la street address of t a Florida limited liat e of the members of	he regi bility co the lin	stered office ompany, it is iited liability	and the the hereby company	onfirmed y or as ot	that th	otzine n se chan e provi	egistered ige(s) ided in
/s/ Jaclyn Wright		Jac	lyn Wright					cretary
Signature of a member or authorized representation					typed name	•		with the
I hereby accept the appointment as registe	erea agent ana agre	ч ғолас	em mis capa	сих. т ји	rjijer agr	ec 10 C	umpri	Sun inc

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst. Secretary
Signature of Registered Agent