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.

(((H22000019886 3)))



1220000198863ABC3

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

To:				2022 J
	Division of Corporations			1000年
	Fax Number	: (850)617-6383		TASS. THE
From:				70
	Account Name	: REGISTERED AGENT	T SOLUTIONS INC	
	Account Number	: 120100000062		7. 0
	Phone	: (888)705-7274		[0.2] A.
	Fax Number	: (888)706-7274		73. OS
	Fax Number	, ,		温 . 5

Email Address:

22 JAN 14 PM 4: 1

LLC REGISTERED AGENT CHANGE TAYLOR MORRISON ESPLANADE NAPLES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY JAN 18 2022

COVER'LETTER

TO:

Registration Section Division of Corporations

TAYLOR MORRISON ESPLANADE NAPLES, LLC

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	49999944444
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwes	st Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	please call;
Mary Castillo	888 705-7274
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
☐ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

4.	SUITE SCOT L11000	Mailing address (Nate: MAY) 2000 TSDALE 0143130 Document n		ny: J
ds of the Flori COAD EET ADDRES	SUITE SCOT L11000	(Note: MAY) 2000 TSDALE 2143130 Document n	E, AZ 85251	
ds of the Flori COAD EET ADDRES	SCOT L11000	TSDALE 0143130 Document n) number	
ds of the Flori COAD EET ADDRES	L11000	Document n) number	
ds of the Flori COAD EET ADDRES	la Dept. of State	Document n	number	
ds of the Flori COAD EET ADDRES	<u>27</u>	.		
OAD EETADDRES	<u>27</u>	 	TALL TALL	
OAD EETADDRES	<u>27</u>	- e: -	1821 J	
EET ADDRES		-	2022 J	
, _{FL} 3332		-		
. FL	24		ے نہار	
. FL	<u></u>		ラボ 数	
. FL	<u> </u>	-	五二	- - -
D	•	-		र4
J.			, γης -π	玉
tered Office a	14	-	<u> </u>	PH 5: 05
terea Onice a	ioress:		<u> </u>	Ű,
			•	
		-		
		-		
323(11			
, FL 020	/			
5	e laws of the s of the regi d liability c	s of the registered office d liability company, it is	e laws of the State of Florida, it is he is of the registered office and the bus d liability company, it is hereby con-	FL 32301 claws of the State of Florida, it is hereby confirmed that a softhe registered office and the business office of the registed liability company, it is hereby confirmed that the changeers of the limited liability company or as otherwise provide