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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010 Fax Number : (407)425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

CORPORATE@ZKSLAW.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MHRV COMMUNITY HOMES, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations		
eum ur	MHRV COMMUNITY HOMES, I	LLC	
SUBJEC	npany		
Dear Sir	or Madam.		
The encl	osed Statement of Authority and fee(s) a	are submitted for filing.	
Please 10	turn all correspondence concerning this	matter to the following	3.
D. SCO	TT BAKER, ESQUIRE		
	Name of Person		-
ZIMME	ERMAN, KISER & SUTCLIFFE, P.A.		
	Firm/Company		-
315 E R	OBINSON STREET SUITE 600		
	Address		-
ORLAN	IDO, FLORIDA 32801		
	City/State and Zip Code		-
REGIST	TEREDAGENT@ZKSRASERVICES.C	ОМ	
	E-mail address. (to be used for future ar	nnual report notificatio	on)
For furth	ner information concerning this matter, p	lease call.	
Jessica S	Snyder, Corporate Paralegal	407 at (425-7010
	Name of Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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\$30.00 (optional)

STATEMENT OF AUTHORITY

Pursuant to Section 605.0302(1). Florida Statutes, this limited liability company submits the following Statement of Authority:

FIRST:	The name of the limited liability cor <u>LLC</u> .	mpany is: A	MHRV COMMU	<u>NITY HOMES.</u>		
SECOND:	The Florida Document Number of the limited liability company is <u>L21000282485</u> .					
THIRD:	The street address of the limited liability company's principal office is: 315 E. Robinson Street, Suite 600 Orlando, Florida 32801					
	The mailing address of the limited lia 315 E. Robinson Street, Suite 600 Orlando, Florida 32801	ibility compa - -	any's principal of	fice is:		
FOURTH: This Statement of Authority grants or sets limitations of authority on all persons having the status of position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:						
1. company:	May execute an instrument transfer a. Granted to: N/A b. No authority granted to: N/A	ring real pr	roperty held in t	he name of the 2025 JAN 3.		
2. May enter into other transactions on behalf of, or otherwise act for or bind fine company: a. Granted to: Misty Dodds and/or Rob Mathis, as authorized signator for the company for the purposes of facilitating utility transfers and connections and disconnections, executing purchase and sale contracts and all other documents ancillary to the purchase and sale of a mobile home and/or recreational vehicle, executing all leases and rental agreements, and applying for mobile home and recreational vehicle titles. b. No authority granted to: Michael Dotson						
_	MONFRED	GABRIEL MO	DNFRIED			
Signature of A	Authorized Representative	Typed or pr	inted name of Sig	gnor		