(Red	questor's Name)			
(Add	dress)			
(Add	dress)	.		
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Doc	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
AUG Z & 2025				

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	08/28/2025	
	Delijah Showers_	
Reference	#: 2873781	-
Entity Nam	e: AMERICAN HOMES 4 R	ENT MANAGEMENT HOLDINGS, LLC
☐ Artic	cles of Incorporation/Authoriza	ion to Transact Business
☐ Ame	endment	
✓ Cha	nge of Agent	
☐ Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized	Amount: \$25	
Signature:	Delizah Showers	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:_	08/28/2025	<u> </u>	
Name:	Delijah Show	ers	_
Refere	nce #: 287378	11	_
Entity I	Name: AMERICAN HOM	ES 4 RENT	T MANAGEMENT HOLDINGS, LLC
	Articles of Incorporation/A Amendment	uthorization t	to Transact Business
$\overline{\checkmark}$	Change of Agent		
	Reinstatement		
	Conversion		
	Merger		
	Dissolution/Withdrawal		
	Fictitious Name		
	Other		
Author	ized Amount:	\$25	
Signati	ure: <u>Delizah Shower</u>	<u> </u>	

F: +852.2682.9790

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.

1. Na	me of the limited liability company:AMERICAN	HOMES 4	RENT MANAGEMENT HOLDINGS, LLC
	No Change		No Change
2. (4.7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/30/2012	- 	M12000006106
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T CORPORATION SYSTEM		
	Registered Agent and Registered Office shown on the records of the	e Florida Dept.	
	1200 SOUTH PINE ISLAND ROAD) 	· 925
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	2025 AL 20
	PLANTATION	33324	•
	I t		
(b)	Cogency Global Inc.		_ . 5
•	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	00
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
			
		32301	
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the F	he registered bility compar the limited l	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	/s/ Helen Cho		Helen Cho
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the ohl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided Ply reflect a change in the registered office address. The Un writing of this change.	e to act in the performance for in Chapt ereby confire	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
-	/s/ Tim Mayville		
Signatu	re of Registered Agent		