

M15000002702

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : NRAF SERVICES, LLC
 Account Number : 120090000104
 Phone : (302)674-4089
 Fax Number : (302)674-5266

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: largall@hollandhart.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOWNSEND HOME SALES LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA TALLAHASSEE, FLORIDA

SECTION I (1-4 must be completed)

- 1. Name of limited liability Company as it appears on the records of the Florida Department of State: TOWNSEND HOME SALES LLC
2. The Florida document number of this limited liability company is: M15000002702
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 4/14/2015

SECTION II (5-9 complete only the applicable changes)

- 5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

- 6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

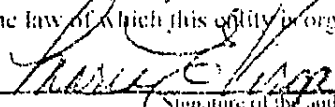
- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change.

Title/Capacity	Name	Address	Type of Action
Manager	Maria E. Virga	7749 Normandy Boulevard, #145 Jacksonville, FL 32221	<input checked="" type="checkbox"/> Add
Manager	MHC Management Services LLC	7749 Normandy Boulevard, #145 Jacksonville, FL 32221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment, duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

MARIA E. VIRGA

 Typed or printed name of signer

Filing Fee: \$25.00