

M1700006169

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: _____

2024 APR 23 PM 12:20

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REGIONAL ENTERPRISES OF MS, LLC**

Certificate of Status	0
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Help

APR 25 2024
T. LEMUEX

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN 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: REGIONAL ENTERPRISES OF MS, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

755 W. Big Beaver Road

Suite 1000

Troy, Michigan 48084

2. The Florida document number of this limited liability company is: M17000006769

3. Jurisdiction of its organization: Mississippi

4. Date authorized to do business in Florida: 08/08/2017

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 officer 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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Champion Home Builders, Inc.	755 W. Big Beaver Road, Suite 1000	<input checked="" type="checkbox"/> Add
		Troy, MI 48084	<input type="checkbox"/> Remove
Manager	Mark J. Yost	755 W. Big Beaver Road, Suite 1000	<input checked="" type="checkbox"/> Add
		Troy, MI 48084	<input type="checkbox"/> Remove
Manager	Laurie Hough	755 W. Big Beaver Road, Suite 1000	<input checked="" type="checkbox"/> Add
		Troy, MI 48084	<input type="checkbox"/> Remove
Manager	Robert Spence	755 W. Big Beaver Road, Suite 1000	<input checked="" type="checkbox"/> Add
		Troy, MI 48084	<input type="checkbox"/> Remove
Manager	Heath O Jenkins	5352 HWY 25, STE 1400	<input type="checkbox"/> Add
		FLOWOOD, MS 39232	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), 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

Caren Riles
Typed or printed name of signee

Filing Fee: \$25.00

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

REGIONAL ENTERPRISES OF MS, LLC

M17000006769

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

REMOVE:

Title Manager
Godfrey, Neil

6451 Wirtz Rd
Suite 1400
Flowood, MS 39232

Add:

Title Manager

Caren Ries

755 W. Big Beaver Road. Suite 1000

Troy, MI 48064