

(Requestor's Name)				
(	Address)			
(,	Address)			
(1	City/State/Zip/Phone #)			
PICK-UP				
(	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			
	Office Use Only			

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION

4550-9-9 7995236 COST LIMIT : \$ 25.00

\_\_\_\_\_

ORDER DATE : October 22, 2018

ORDER TIME : 10:07 AM

ORDER NO. : 455039-005

CUSTOMER NO: 7995236

\_\_\_\_\_

## FOREIGN FILINGS

NAME : PULTE REALTY OF NORTH FLORIDA, LLC

CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

## 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: Pulte Realty of North Florida	
Enter new principal office address, if applicable:	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable: ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	S
2. The Florida document number of this limited liab	bility company is: M18000005115
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 05/30/2018	
SECTION II (5-9 complete only the applicable c	hanges)
<ol> <li>New name of the limited liability company:</li></ol>	contain "Limited Liability Company, " "L.L.C.," or "LLC.")
	for the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_ Zip Code

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

*Thereby 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.* 

City

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

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

Eff	ective October 12, 2018		
Title/ Capacity	Name	Address	Type of Action
AS	Maria S. McKee	4901 Vineland Road, Suite	500 Add
		Orlando, FL 3281	Remove
AS	Anastasia E. Haney	4901 Vineland Road, Suite	500 Add
	Orlando, FL 3281	Remove	
			Add
			SECRETARY OF SHAT
			Add

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 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

KellyMarie M. Conlon

Typed or printed name of signee

Filing Fee: \$25.00