Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M19000000879

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

From:
Account Name : MATTAMY HOMES
Account Number : I20230000187
Phone : (407)845-8192
Fax Number : (407)254-8400

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2024 AUG 16 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: nicole.swartz@mattamycorp.com

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2024 AUG 16 PM 4:20

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MATTAMY HOMES INSURANCE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

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K. SALY
AUG 19 2024

Docusign Envelope ID 6736CACB-927B-4A31-8098-F9B09D6722F9

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mattamy Homes Insurance Services LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Marginian Swartz
Name of Person

Mattamy Homes
Firm/Company

4901 Vineland Road Suite 450
Address

Orlando, Florida 32811
City/State and Zip Code

nicole.swartz@mattamycorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catalina Jaramillo at (407) 845-8192
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9-15)

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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: Mattamy Homes Insurance Services, LLC

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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) _____

2. The Florida document number of this limited liability company is: M19000000879

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 22, 2019

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

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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
S	Robert A. Harris IV	4901 Vineland Road Suite 450	☐Add
		Orlando, Florida 32811	☒Remove
S	Nicole Marginian Swartz	4901 Vineland Road Suite 450	☒Add
		Orlando, Florida 32811	☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐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.

DocuSigned by: Nicole Swartz

Signature of the authorized representative

Nicole Marginian Swartz

Typed or printed name of signee

Filing Fee: $25.00

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