

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: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WINSTON HOUSING GROUP, LLC

Certificate of Status	0
Certified Copy	1
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APR 25 2024

T. LEMIEUX

# 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: WINSTON HOUSING GROUP 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 Rd.

Suite 1000

Troy, MI 48064

2. The Florida document number of this limited liability company is: M19000003437

3. Jurisdiction of its organization: Alabama

4. Date authorized to do business in Florida: 04/03/2019

## 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.*

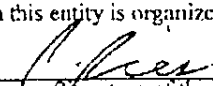
If Changing Registered Agent, Signature of New Registered Agent

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	Caren Ries	755 W. Big Beaver Road, Suite 1000	<input checked="" type="checkbox"/> Add
		Troy, MI 48084	<input 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 Ries  
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**

WINSTON HOUSING GROUP, LLC

M19000003437

8. If the amendment changes person, title or capacity in accordance with 635.0902 (1)(e), indicate that change: (continued)

REMOVE:

Title MGR

BROWN, GREG

455 HWY 33

DOUBLE SPRINGS, AL 35553

REMOVE:

Title MBR

HOOD, JEFF

415 RUSTIC OAKS DR

HAMILTON, AL 35570

REMOVE:

Title MBR

JENKINS, HEATH

728 INHERITANCE PL

FLOWOOD, MS 39232

Remove:

Title MBR

Mikels, Brad

1263 County Road 931

Tupelo, MS