

M22000009558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

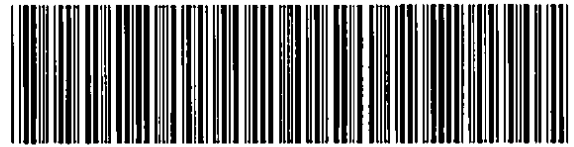
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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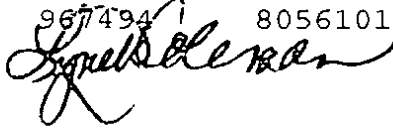
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195
REFERENCE : 967494 8056101
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : September 21, 2022
ORDER TIME : 8:54 AM
ORDER NO. : 967494-005
CUSTOMER NO: 8056101

FOREIGN FILINGS

NAME: HFB STOREY CREEK, 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: Alexxis Weiland -- EXT#

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: HFB STOREY CREEK, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

660 NEWPORT CENTER DRIVE, STE 300
NEWPORT BEACH, CA 92660

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: M22000009558

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 06/17/2022

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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PLEASE SEE ATTACHMENT.

_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<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(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

Franco Tenerelli

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FL

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

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>
CEO	Ho, John	660 Newport Center Dr., Suite 300 Newport Beach, CA 92660	REMOVE
PCOO	Forsum, Michael	660 Newport Center Dr., Suite 300 Newport Beach, CA 92660	REMOVE
CLO, EVP, SEC	Tenerelli, Franco	660 Newport Center Dr., Suite 300 Newport Beach, CA 92660	REMOVE
CFO	Porter, Chris	660 Newport Center Dr., Suite 300 Newport Beach, CA 92660	REMOVE
VP	Orosz, Andrew	660 Newport Center Dr., Suite 300 Newport Beach, CA 92660	REMOVE
MGR	Hanover Family Builders, LLC	660 Newport Center Dr., Suite 300 Newport Beach, CA 92660	ADD
AUTHORIZED REPRESENTATIVE	Wochner, Jeff	2420 S. Lakemont Avenue, Suite 450 Orlando, FL 32814	ADD
AUTHORIZED REPRESENTATIVE	Boyette, Steven	2420 S. Lakemont Avenue, Suite 450 Orlando, FL 32814	ADD
AUTHORIZED REPRESENTATIVE	Durkin, Timothy	2420 S. Lakemont Avenue, Suite 450 Orlando, FL 32814	ADD
AUTHORIZED REPRESENTATIVE	Forge, William	2420 S. Lakemont Avenue, Suite 450 Orlando, FL 32814	ADD
AUTHORIZED REPRESENTATIVE	Mitchell, Nichola	2420 S. Lakemont Avenue, Suite 450 Orlando, FL 32814	ADD
AUTHORIZED REPRESENTATIVE	Nyariri, Fontane	2420 S. Lakemont Avenue, Suite 450 Orlando, FL 32814	ADD
AUTHORIZED REPRESENTATIVE	Bruno, Michael	2420 S. Lakemont Avenue, Suite 450 Orlando, FL 32814	ADD
AUTHORIZED REPRESENTATIVE	Lopez, Hector	2420 S. Lakemont Avenue, Suite 450 Orlando, FL 32814	ADD

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 TALLAHASSEE, FL