

M2400000181Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

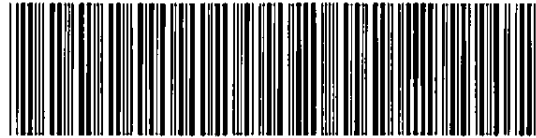
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000426312340

2024 MAR 28 AM 8:10
TALLAHASSEE, FL
STATE
CORPORATIONS

RECEIVED
2024 MAR 28 AM 11:27
TALLAHASSEE, FL
STATE
CORPORATIONS

CS 18124
N. HUNT



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 03/28/24
Order #: 1465931-1
Re: Charity Home Insurance Agency, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195
AUTH

Please take the following action:

File in your office on basis
Issue Proof of Filing

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the "Please take the following action:" text.

Special Instructions:

RECEIVED
MAR 29 11:23 AM
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charity Home Insurance Agency, 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:

Kristi O. Crawford

Name of Person

Beazer Homes

Firm/Company

2002 Summit Blvd., NE

Address

Brookhaven, GA 30319

City/State and Zip Code

kristi.crawford@beazer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristi O. Crawford

at (770) 829-3722

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

**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: Charity Home Insurance Agency, 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)

2. The Florida document number of this limited liability company is: M24000001812

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: February 13, 2024

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

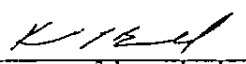
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

This amendment removes 2 managers and adds a new manager and a new Managing Officer.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Allan P. Merrill	2002 Summit Blvd., NE, 15th Floor	<input type="checkbox"/> Add
		Brookhaven, GA 30319	<input checked="" type="checkbox"/> Remove
Manager	David I. Goldberg	2002 Summit Blvd., NE, 15th Floor	<input type="checkbox"/> Add
		Brookhaven, GA 30319	<input checked="" type="checkbox"/> Remove
Manager	Tiffany Ortiz	1800 Pembroke Drive, Suite 300	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32810	<input type="checkbox"/> Remove
Managing Officer	Tiffany Ortiz	1800 Pembroke Drive, Suite 300	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

Keith L. Belknap

Typed or printed name of signee

Filing Fee: \$25.00

CSC AMEND-10994