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Division of Corporations
Fax Number : (850)617-6380

LEFrom:

Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

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

Email Address:\_\_\_\_

## REGISTERED AGENT CHANGE TAYLOR MORRISON REALTY OF FLORIDA, INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

TAYL	OR MORRISON	REALTY	OF FLO	RIDA, INC.
Name of Corporation				- <del> </del>
DOCUMENT NUMI	BER: P010000	072237		
The enclosed Stateme	nt of Change of Registe	red Office/Age	nt and fee ar	e submitted for filing.
Please return all corre	spondence concerning the	his matter to the	e following:	
Mary Casti	llo			
Name of Contact Pers	on		<del></del>	
Registered Agent Soluti	ons, Inc.			
Firm/Company				
Corporate Center One, S	5301 Southwest Pkwy, Ste	400		
Address				
Austin, Texas 78735				
City/State and Zip Co	de	··	<del></del>	
E-mail address: (to t	oe used for future annu	ual report noti	fication)	
For further informatio	n concerning this matter	r, please call:		
Mary Casti	llo	at (	, 888	705-7274 & Daytime Telephone Number
Name	of Contact Person		Area Code	& Daytime Telephone Number

Enclosed is a \$35,00 check made payable to the Department of State.

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

Street Address: Amendment Section

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

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.05 inge is submitted for a corpor er to change its registered offi	ation organized under the	laws of the State of	Florida	
	the corporation: TAYLOR				
-	office address: 4900 NOF	RTH SCOTTSDALE	E ROAD SUITE	2000	
	iddress (if different):				
4. Date of incor	poration/qualification: 7/23	/2001 Docume	ent number: P0100	00072237	
	d street address of the current rtment of State: (If resigned, e		stered office on file v	vith the	
	NRAI SERVICES	S, INC			
	1200 SOUTH PINE IS	LAND ROAD			
	PLANTATION	FL	33324		
6. The name and (if changed):	d street address of the new rep		) and /or registered o	office A Marie 57	机工工工
	155 Office Plaza [	Or. Suite	Α		وتسيع
	Tallahassee	P.O. Box NOT acceptable FL 323	301		
The street address changed will	ess of its registered office an be identical.	d the street address of the	e business office of	its registered agent,	
Such change was authorized by the	as authorized by resolution on the board, or the corporation	luly adopted by its board has been notified in writi	of directors or by a ng of the change.	n officer so	
	n Wright	Jaclyn Wr	•	Assistant Secretary	/
I hereby accept I further agree of my duties, ar document is bei	the appointment as register to comply with the provision of I am familiar with and acc ing filed merely to reflect a c s been notified in writing of	is of all statutes relative t cept the obligation of my change in the registered o	o the proper and co position as register	omplete performance ed avent. Or, if this	
Hod	eauzie Ht	01/14/20			
•	nature of Registered Agent		Date		
<b>.</b> -	chalf of an entity:				
	, Assistant Secretary  yped or Printed Name				
	* * *	FILING FEE: \$35.00 *	* *		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Cr2e045 (04/13)