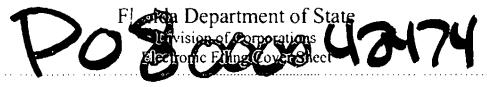
1/17/22, 1:45 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter 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 AV HOMES LEGACY DEVELOPERS, INC.

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C. BRUMBL.

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H22000021971 3

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---------------------------------------------------|-----------------------------------------------------------|
| Name of Corporation | Y DEVELOPERS, INC. |
| DOCUMENT NUMBER: P0800004 | 18474 |
| The enclosed Statement of Change of Registered | |
| Please return all correspondence concerning this | matter to the following: |
| Mary Castillo | |
| Name of Contact Person | |
| Registered Agent Solutions, Inc. | |
| Firm/Company | |
| Corporate Center One, 5301 Southwest Pkwy, Ste 4 | 00 |
| Address | |
| Austin, Texas 78735 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annua | I report notification) |
| For further information concerning this matter, | please call: |
| Mary Castillo | at (888) 705-7274 Area Code & 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: | Street Address: |
| Amendment Section | Amendment Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| rananassee, 1 L 32514 | Taltahassee, FL 32303 |

CR2E045 (04/13)

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

| statement of cha | provisions of sections 607.0502, 617 ange is submitted for a corporation o | organized under | the la | ws of the State of _ | Florida | i | |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------|-----|
| in orde | er to change its registered office or r | egistered agent, | or bot | th, in the State of F | Florida. | | |
| 1. The name of (| the corporation: AV HOMES LE | GACY DE\ | /ELC | PERS, INC. | | | |
| 2. The principal | office address: 4900 NORTH S | SCOTTSDA | LEF | ROAD SUITE | 2000 | | |
| SCOTTS | DALE, AZ 85251 | | ····· | | | | |
| | address (if different): | | | | ·-··- | | |
| 4. Date of incorp | poration/qualification: 5/14/2008 | B Docu | iment | _{number:} <u>P0800</u> | 0048474 | | |
| | d street address of the current register timent of State: (If resigned, enter re | | gistere | ed office on file wi | ith the | | |
| | NRAI SERVICES, IN | С | | | | | |
| | 1200 SOUTH PINE ISLAND | ROAD | | | - | 202; | |
| | PLANTATION | F | L | 33324 | - | 2022 JAN 18 | - |
| 6. The name and (if changed): | d street address of the new registered Registered Agent Solu | | ed) an | d /or registered of | fice S | 18 AH 8:3 | こここ |
| | 155 Office Plaza Dr. | Suite | e A | | ויד | 37 | |
| | | O. Box NOT acceptal | | | _ | | |
| | Tallahassee | FL 3 | 230 | <u> </u> | _ | | |
| The street address changed will | ess of its registered office and the sibe identical. | treet address of | the bu | siness office of it | s registered | agent, | |
| Such change was authorized by th | as authorized by resolution duly ad- ne board, or the corporation has bee | opted by its boa in notified in wr | rd of e | directors or by an of the change. | officer so | | |
| s Jaclyn V | | Jaclyn V | | | Assistant | Secreta | гу |
| hereby accept further agree (of my duties, an locument is bei | the appointment as registered ager to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change when notified in writing of this cha | ии писленалата | act in e to th | ed or typed fame and the this capacity, to proper and com ition as registered e address, I hereb | iplete perfoi Lagent Or | rmance : if this hat the | |
| Hock | ranzin Nt | 01/17/ | 2022 | 2 | | | |
| Sign | nature of Registered Agent | | | Date | | | |
| f signing on bei | half of an entity: | | | | | | |
| | Assistant Secretary | | | | | | |
| Ty | speed or Printed Name | C FFF - \$35 M | | | | | |
| | 2 2 2 HII 9N4 | | r | | | | |