2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2020
Secretary of State
2735670601CC

DOCUMENT# L02000029195

Entity Name: M/I HOMES OF ORLANDO, LLC

Current Principal Place of Business:

400 INTERNATIONAL PARKWAY
SUITE 470
LAKE MARY, FL 32746

Current Mailing Address:

3 EASTON OVAL
SUITE 500
COLUMBUS, OH 43219

FEI Number: 75-3087793

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	VP
Name	BYRNES, DAVID
Address	400 INTERNATIONAL PARKWAY SUITE 470
City-State-Zip:	LAKE MARY FL 32746

Title	CHIEF LEGAL OFFICER & SECRETARY
Name	MASON, J. THOMAS
Address	3 EASTON OVAL SUITE 500
City-State-Zip:	COLUMBUS OH 43219

Title	VP & BROKER
Name	KAIZER, JEFFREY R
Address	400 INTERNATIONAL PARKWAY SUITE 470
City-State-Zip:	LAKE MARY FL 32746

Title	VP
Name	CLARK, KEVIN
Address	400 INTERNATIONAL PARKWAY SUITE 470
City-State-Zip:	LAKE MARY FL 32746

Title	CFO
Name	CREEK, PHILLIP G
Address	3 EASTON OVAL SUITE 500
City-State-Zip:	COLUMBUS OH 43219

Title	P
Name	SIKORSKI, FRED J
Address	4343 ANCHOR PLAZA PARKWAY SUITE 200
City-State-Zip:	TAMPA FL 33634

Title	VP
Name	KAISER, DANIEL
Address	400 INTERNATIONAL PARKWAY SUITE 470
City-State-Zip:	LAKE MARY FL 32746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: J. THOMAS MASON SECRETARY 06/23/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date