that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

Entity Name: LENNAR TITLE GROUP, LLC

5505 BLUE LAGOON DRIVE SUITE 501 MIAMI, FL 33126

Current Mailing Address:

5505 WATERFORD DISTRICT DRIVE MIAMI, FL 33126 US

FEI Number: 65-0764516

SIGNATURE:

Title

Title Name

Address

Name

Address

City-State-Zip:

City-State-Zip:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 US

Authorized Person(s) Detail :

MANAGER

SUITE 501

VP, SEC

SUITE 501 MIAMI FL 33126

GROSS. BRUCE

MIAMI FL 33126

TORRES, SUZETTE

5505 BLUE LAGOON DRIVE

5505 BLUE LAGOON DRIVE

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.

Certificate of Status Desired: No

Title MANAGER, PRESIDENT PARDO, CRISTINA Name Address 5505 BLUE LAGOON DRIVE SUITE 501 City-State-Zip: MIAMI FL 33126

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

SIGNATURE: SUZETTE TORRES

03/05/2024

AUTHORIZED PERSON

Date

Date

FILED Mar 05, 2024 Secretary of State 3533535861CC