

2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M13000006011

Entity Name: AMERICAN HOMES 4 RENT PROPERTIES SEVEN, LLC**Current Principal Place of Business:**280 PILOT RD
LAS VEGAS, NV 89119**Current Mailing Address:**280 PILOT RD
LAS VEGAS, NV 89119 US**FEI Number:** 80-0860173**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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:** KAITY TOON, ASST SEC

07/06/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name VOGT-LOWELL, SARA
Address 280 PILOT RD
City-State-Zip: LAS VEGAS NV 89119

Title CEO
Name SINGELYN, DAVID P.
Address 280 PILOT RD
City-State-Zip: LAS VEGAS NV 89119

Title AUTHORIZED REPRESENTATIVE
Name JOHNSON, ZACKORY
Address 280 PILOT RD
City-State-Zip: LAS VEGAS NV 89119

Title AUTHORIZED REPRESENTATIVE
Name PALMER, LINCOLN
Address 280 PILOT RD
City-State-Zip: LAS VEGAS NV 89119

Title VP
Name REITER, JOSHUA
Address 280 PILOT RD
City-State-Zip: LAS VEGAS NV 89119

Title AUTHORIZED REPRESENTATIVE
Name TIPTON-RASMUSSEN, ALAINA
Address 280 PILOT RD
City-State-Zip: LAS VEGAS NV 89119

Title VP
Name LIPTAK, AMANDA
Address 280 PILOT RD
City-State-Zip: LAS VEGAS NV 89119

Title MANAGER
Name KUSHNER, JORDAN
Address 280 PILOT RD
City-State-Zip: LAS VEGAS NV 89119

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: SARA VOGT-LOWELL

MANAGER

07/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date