# 2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M13000006783

Entity Name: AMERICAN HOMES 4 RENT TRS, LLC

**Current Principal Place of Business:** 

280 E. PILOT ROAD LAS VEGAS, NV 89119

### **Current Mailing Address:**

280 E. PILOT ROAD LAS VEGAS, NV 89119 US

## FEI Number: 80-0863526

#### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

Authorized Person(s) Detail .				
	Title	MANAGER	Title	MANAGER
	Name	VOGT-LOWELL, SARA	Name	KUSHNER, JORDAN
	Address	280 E. PILOT ROAD	Address	280 E. PILOT ROAD
	City-State-Zip:	LAS VEGAS NV 89119	City-State-Zip:	LAS VEGAS NV 89119
	Title	EVP	Title	VP
	Name	PALMER, LINCOLN	Name	MAHANY, BEN
	Address	280 E. PILOT ROAD	Address	280 E. PILOT ROAD
	City-State-Zip:	LAS VEGAS NV 89119	City-State-Zip:	LAS VEGAS NV 89119
	Title	VP	Title	VP
	Title Name	VP JONES, TODD	Title Name	VP EDWARDS, BRAD
	Name	JONES, TODD 280 E. PILOT ROAD	Name	EDWARDS, BRAD 280 E. PILOT ROAD
	Name Address City-State-Zip:	JONES, TODD 280 E. PILOT ROAD LAS VEGAS NV 89119	Name Address	EDWARDS, BRAD 280 E. PILOT ROAD
	Name Address City-State-Zip: Title	JONES, TODD 280 E. PILOT ROAD LAS VEGAS NV 89119 VP	Name Address City-State-Zip:	EDWARDS, BRAD 280 E. PILOT ROAD LAS VEGAS NV 89119
	Name Address City-State-Zip: Title Name	JONES, TODD 280 E. PILOT ROAD LAS VEGAS NV 89119 VP STONE, MICHAEL	Name Address City-State-Zip: Title	EDWARDS, BRAD 280 E. PILOT ROAD LAS VEGAS NV 89119 AVP
	Name Address City-State-Zip: Title	JONES, TODD 280 E. PILOT ROAD LAS VEGAS NV 89119 VP STONE, MICHAEL 280 E. PILOT ROAD	Name Address City-State-Zip: Title Name Address	EDWARDS, BRAD 280 E. PILOT ROAD LAS VEGAS NV 89119 AVP TIPTON-RASMUSSEN, ALAINA

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

10/02/2023

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Oct 02, 2023 Secretary of State 1565806288CC