

((H20000048253 3)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAKERIDGE MANAGEMENT INC
2. The principal office address: NEW BOSTON FUND 777 EAST ATLANTIC AVENUE,
SUITE 203 DEL RAY BEACH, FL 33483
3. The mailing address (if different): Suite 700, 404 - 6th Avenue SW Calgary T2P 0R9 CA
4. Date of incorporation/qualification: 07/29/2002 Document number: F02000003860
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MARINUS REAL ESTATE, LLC

777 EAST ATLANTIC AVENUE SUITE 203

DELRAY BEACH, FL 33483

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LEGALINC CORPORATE SERVICES INC.

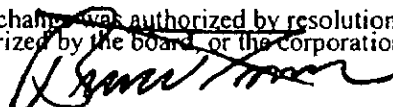
5237 SUMMERLIN COMMONS BLVD, SUITE 400

P.O. Box NOT acceptable

FORT MYERS, FL, US, 33907

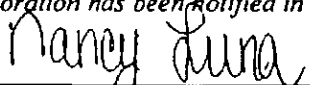
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Bruce Timm
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

1/24/2020

Date

If signing on behalf of an entity:

Nancy Luna

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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FILED
20 FEB 12 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA