SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L0000000720  1. Entity Name PICERNE ROSALIND VILLAS, LLC						FILED 01 MAR -2 PM 12: 53						
247 NORTH	ce of Business WESTMONTE DRIVE SPRINGS FL 32714		Mailing Address 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714				SECRETARY OF STATE TALLAHASSEE. FLORIDA					
2. Principal i	Place of Business	3. Mailing Address										
·		o. Mailing Address	Maning Address									
Suite, Apt.		Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State C		City & State	Dity & State			4. FEI Number Applied For Not Applicable					<u>,                                    </u>	
		Zip				5. Certificate of Status Desired S5.00 Additional Fee Required					1	
	6. Name and Address of Current F	Registered Agent			7.	Name and	Address of Ne	w Registered	•		1	
COSTOL	O, W. TERRY ESQ.			Name						_	7	
	TH EOLA DIRVE		Street Address			(P.O. Box Number is Not Acceptable)						
ORLANDO FL 32801											1	
	•	•	,			FL Zip Code						
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office o	r registered ag	ent, or both	n, in the State of	_	<u> </u>		-	
SIGNATURE ,												
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signal	ture required when re	einstating)		DATE		<del></del>	1	
		Make Check Pay	FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of				900038198397 -03/09/0101015022 *****50.00 *****50.00					
9. TITLE	MANAGING MEMBER	· · · · · · · · · · · · · · · · · · ·	10.		<u> </u>	- 1 44 -		NS/CHANGE			1_	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE	T ADDRESS	,	H. Pin Westn			☐ Change	Addition	R2E083 (11/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS	Hember	. M. l	dritesco		☐ Change	Addition	CR2E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		Piceri bert L			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	Hember David 1420 E. Phoenix	R. Pico	erne oori Ave. 85014	, Ste. 1	☐ Change	<b>⊋</b> -Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	Member Jeanne	: Н. Р . Н. ss	icerne souri Ave	., Ste. 11	Change	Addition	•	
TITLE •  NAME  STREET ADDRESS  CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-Z!P	Member Picerne 75 Las	Inventert	estment Lind F I 028	Corpora twy	Change	Addition		
monutou (	ertify that the information supplied with the or this report is true and accurate and in illity company or the receiver or trunded e	a! IIIV Signafi ire snali nave in	he exem	ption state	ed in Section 1	19.07(3)(i).	Florida Statute	- 1.5	rtify that the interior manager	ormation of the		