1. Entity Name

Apr 18, 2000 8:00 am Secretary of State

2/1/

MINNEFORD TOWNHOMES, INC. 02-01-2000 90117 047 ****61.25 Mailing Address Principal Place of Business 11631 NW 27TH ST 11631 NW 27TH ST CORAL SPRINGS FL 33065-3497 CORAL SPRINGS FL 33065 DOCTABO 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2476866 Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **ROBIN AUBREY** 11631 NW 27TH ST **CORAL SPRINGS FL 33065** Zip Code City 8. 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. (NOTE, Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. President PD Delete TITLE TITLE JOE BEATHIAGUE NAME JERRY HAGAN NAME 11630 NW 27#54 STREET ADDRESS STREET ADDRESS 11638 NW 27TH ST Come spruss, Dr 33065 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Change \Box TITLE Delete TITLE D **ROBIN AUBREY** NAME NAME STREET ADDRE STREET ADDRESS 11831 NW 27TH ST CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Sec Change TITLE Delete John Usermore TITLE PHILLIP CORIO NAME liber ere 274 5 NAME STREET ADDRESS STREET ADDRESS 11632 NW 27TH ST CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 C * 125 ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T Change ☐ Delete TITLE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAILE OF SIGNING OFFICER OR DIRECTOR