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 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL MOORE

Electronic Signature of Signing Officer/Director Detail

NT DRIVE FL 32202 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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	Ρ	Title	Т
Name	MOORE, MICHAEL L	Name	MOORE, LINDSEY
Address	7201 ARLINGTON EXPRESSWAY	Address	7201 ARLINGTON EXPRESSWAY
City-State-Zip:	JACKSONVILLE FL 32211-5973	City-State-Zip:	JACKSONVILLE FL 32211-5973
Title	MBR		
Name	STOES-BERRY, APRIL		
Address	5050 NC HWY 32		
City-State-Zip:	PLYMOUTH NC 27962		

#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# 761640

Entity Name: LES CHATEAUX OF JACKSONVILLE, INC.

# Current Principal Place of Business:

7201 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211

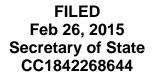
## **Current Mailing Address:**

7201 ARLINGTON EXPRESSWAY ATT OFFICE JACKSONVILLE, FL 32211

## FEI Number: 59-2221206

## Name and Address of Current Registered Agent:

HOLBROOK, H. LEON III ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202 US



Date

Certificate of Status Desired: No

02/26/2015 Date

BOARD PRESIDENT