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.

PRESIDENT

SIGNATURE: BERT C. SIMON

Electronic Signature of Signing Officer/Director Detail

DP DVPT Title Title Name SIMON, BERT C Name SIMON, JOYCE M 1660 PRUDENTIAL DRIVE SUITE 203 Address 1660 PRUDENTIAL DRIVE SUITE 203 Address City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207 Title DVPS Name **GRIGORYANTS, MARINA**

Address

City-State-Zip:

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 :**

JACKSONVILLE. FL 32207

1660 PRUDENTIAL DRIVE SUITE 203

Current Principal Place of Business:

FEI Number: 59-3670343

Current Mailing Address:

DOCUMENT# N0000006014

1660 PRUDENTIAL DRIVE SUITE 203

JACKSONVILLE, FL 32207

Name and Address of Current Registered Agent:

12774 JULIAN COVE LANE

JACKSONVILLE FL 32223

SIMON, BERT C 1660 PRUDENTIAL DRIVE SUITE 203 JACKSONVILLE, FL 32207 US

Entity Name: JULIAN COVE OWNERS ASSOCIATION, INC.

FILED Mar 25, 2013 Secretary of State CC4393813572

Certificate of Status Desired: No

Date

03/25/2013 Date