| • | | | , INC. | CC4726550096 |
|--|--|--------------------------|-----------------------------------|------------------------------------|
| Current Ma | iling Address: | | | |
| PO BOX 31 GOTHA, FL | 4 . 34734 US | | | |
| FEI Number: 59-3759054 | | | Certificate of Status Desired: No | |
| Name and A | Address of Current Registered Agent: | | | |
| CURRY, MICH MELONTREE GOTHA, FL 34 | COURT | | | |
| | | | | |
| The above name | d entity submits this statement for the purpose of changing its reg | gistered office or regis | tered agent, or both, in th | ne State of Florida. |
| | | jistered office or regis | tered agent, or both, in th | ne State of Florida. 02/29/2016 |
| | d entity submits this statement for the purpose of changing its reg | yistered office or regis | tered agent, or both, in th | |
| SIGNATUR | d entity submits this statement for the purpose of changing its reg E: MICHELLE CURRY | yistered office or regis | tered agent, or both, in th | 02/29/2016 |
| SIGNATUR | d entity submits this statement for the purpose of changing its reg E: MICHELLE CURRY Electronic Signature of Registered Agent | gistered office or regis | tered agent, or both, in th | 02/29/2016 |
| SIGNATUR | d entity submits this statement for the purpose of changing its reg E: MICHELLE CURRY Electronic Signature of Registered Agent ctor Detail : | | | 02/29/2016 |
| SIGNATURI Officer/Dire | d entity submits this statement for the purpose of changing its reg E: MICHELLE CURRY Electronic Signature of Registered Agent ctor Detail : D | Title | т | 02/29/2016 |
| SIGNATUR Officer/Dire Title Name | d entity submits this statement for the purpose of changing its reg E: MICHELLE CURRY Electronic Signature of Registered Agent Ctor Detail : D COHEN, GEORGIANNA PO BOX 314 | Title Name | T LEWIS, DANA M PO BOX 314 | 02/29/2016 |
| SIGNATURI Officer/Dire Title Name Address | d entity submits this statement for the purpose of changing its reg E: MICHELLE CURRY Electronic Signature of Registered Agent Ctor Detail : D COHEN, GEORGIANNA PO BOX 314 | Title Name Address | T LEWIS, DANA M PO BOX 314 | 02/29/2016 |
| SIGNATURI Officer/Dire Title Name Address City-State-Zip: | d entity submits this statement for the purpose of changing its reg E: MICHELLE CURRY Electronic Signature of Registered Agent ctor Detail : D COHEN, GEORGIANNA PO BOX 314 GOTHA FL 34734 | Title Name Address | T LEWIS, DANA M PO BOX 314 | 02/29/2016 |
| SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title | d entity submits this statement for the purpose of changing its reg E: MICHELLE CURRY Electronic Signature of Registered Agent ctor Detail : D COHEN, GEORGIANNA PO BOX 314 GOTHA FL 34734 D | Title Name Address | T LEWIS, DANA M PO BOX 314 | 02/29/2016 |

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: DANA M LEWIS

TREASURER

02/29/2016

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0100005508

Entity Name: CITRUS OAKS LANDINGS CONDOMINIUM ASSOCIATION, INC.

FILED Feb 29, 2016 Secretary of State CC4726550096

Date