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: JERRY LINDER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N05000005923

Entity Name: SOUTHLAKE OFFICE CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

305 KINGLSLEY LAKE DRIVE 703 ST AUGUSTINE, FL 32092

Current Mailing Address:

3545 ST JOHNS BLUFF ROAD S #301 JACKSONVILLE, FL 32224

FEI Number: 20-3005860

Name and Address of Current Registered Agent:

BREITBART, JERRE 121 ST ANDREWS PLACE DRIVE JACKSONVILLE, FL 32224 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	S/T	Title	VP
Name	WECHSLER, RHONDA	Name	WELSH, CHRISTINA
Address	3545 ST JOHNS BLUFF ROAD S, #301	Address	3545 ST JOHNS BLUFF ROAD S #301
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONVILLE FL 32224
Title	PRESIDENT		
Name	LINDER, JERRY		
Address	3545 ST JOHNS BLUFF ROAD S #301		
	#301		

Certificate of Status Desired: No

FILED Jan 18, 2016 Secretary of State CC8951985801

> 01/18/2016 Date

Date

PRESIDENT