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: ASHLEY ROZICKI

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Onicendired	JUI Delall.
Title	Р

Title	Р	Title	VP
Name	ROZICKI, ASHLEY	Name	ROZICKI, JOSEPH
Address	4210 SW 6TH AVE	Address	4210 SW 6TH AVE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	CFO		
Name	COBB, DEBRA		
Address	4110 SW 5TH AVE		
City-State-Zip:	OCALA FL 34471		

Name and Address of Current Registered Agent:

ROZICKI, ASHLEY 4210 SW 6TH AVE OCALA, FL 34471 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.

Current Principal Place of Business:

4210 SW 6TH AVE OCALA, FL 34471

Current Mailing Address:

4210 SW 6TH AVE OCALA. FL 34471 UN

FEI Number: 87-3275304

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Officer/Director Detail ·

07/14/2022

PRESIDENT

FILED Jul 14, 2022 Secretary of State 5502862680CC

Certificate of Status Desired: No

Date

Date