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.

PD

#### SIGNATURE: RICHARD T LEE

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# N46122

### Entity Name: LEEVISTA INDUSTRIAL OWNERS ASSOCIATION, INC.

# **Current Principal Place of Business:**

6509 HAZELTINE NATIONAL DR SUITE 6 ORLANDO, FL 32822

# **Current Mailing Address:**

6509 HAZELTINE NATIONAL DR SUITE 6 ORLANDO, FL 32822

# FEI Number: 59-3094542

# Name and Address of Current Registered Agent:

LEE, RICHARD T 6509 HAZELTINE NATIONAL DRIVE SUITE 6 ORLANDO, FL 32822 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	PD	Title	STD	
Name	LEE, RICHARD T	Name	LEE, KATHLEEN S	
Address	6509 HAZELTINE NATIONAL DRIVE, STE 6	Address	6509 HAZELTINE NATIONAL DRIVE, STE 6	
City-State-Zip:	ORLANDO FL 32822	City-State-Zip:	ORLANDO FL 32822	
Title	VD			
Name	LEE, THOMAS G II			
Address	6509 HAZELTINE NATIONAL DRIVE, STE 6			
City-State-Zip:	ORLANDO FL 32822			

Certificate of Status Desired: No

FILED Jan 18, 2017 Secretary of State CC6668107293

> 01/18/2017 Date

Date