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 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

····, ···· ··· ··· ··· ··· ··· ··· ···
above, or on an attachment with all other like empowered.

SIGNATURE: ROGER MILLER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 255386

Entity Name: LAKE LUCIE ESTATES, INC.

## **Current Principal Place of Business:**

7901 4TH ST N SUITE 300 ST PETERSBURG, FL 33702

## **Current Mailing Address:**

P.O. BOX 126428 HIALEAH, FL 33012 US

## FEI Number: 59-1317958

## Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH ST N SUITE 300 ST PETERSBURG, FL 33702 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	: BILL HAVRE			01/06/2021		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	DS	Title	DP			
Name	MILLER, MICHELLE	Name	MILLER, ROGER			
Address	7901 4TH ST N SUITE 300	Address	7901 4TH ST N SUITE 300			
City-State-Zip:	ST PETERSBURG FL 33702	City-State-Zip:	ST PETERSBURG FL 33702			

Certificate of Status Desired: No

01/06/2021 Date

FILED Jan 06, 2021 Secretary of State 6815678339CC

DP