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.

SIGNATURE: CHARLES E. BILLER

Electronic Signature of Signing Officer/Director Detail

VICE PRESDIENT

210 SAND KEY ESTATES DR City-State-Zip: CLEARWATER FL 33767

Electronic Signature of Registered Agent

Title	VP
Name	BILLER, CHARLES E.
Address	8600 15TH WAY NORTH
City-State-Zip:	ST. PETERSBURG FL 33702

Tit	tle	SECRETARY, TREASURER
Na	ame	WELCH, LINDA
Ac	ddress	210 SAND KEY ESTATES DR
Ci	ity-State-Zip:	CLEARWATER FL 33767

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 Mailing Address:

Current Principal Place of Business:

P O BOX 20003 ST PETERSBURG, FL 33742 US

SIGNATURE: R. DONALD MASTRY

PRESIDENT

WELCH. LEON

FEI Number: 59-1706717

DOCUMENT# 521649

10365 ULMERTON ROAD LARGO, FL 33771

Name and Address of Current Registered Agent:

TK REGISTERED AGENT, INC. 101 E. KENNEDY BOULEVARD **SUITE 2700** TAMPA, FL 33602 US

Officer/Director Detail :

Title Name

Address

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: HONEYVINE MOBILE HOME PARK, INC.

FILED Feb 01, 2021 Secretary of State 1736532820CC

Certificate of Status Desired: No

02/01/2021 Date

02/01/2021 Date