#### 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: LOTHAR ESTEIN

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# J42642

Entity Name: ST. LUCIE COUNTY INVESTMENT CORP.

# **Current Principal Place of Business:**

4705 S. APOPKA VINELAND RD SUITE 201 ORLANDO, FL 32819

# **Current Mailing Address:**

4705 S. APOPKA VINELAND RD SUITE 201 ORLANDO, FL 32819 US

# FEI Number: 59-2755148

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ESTEIN, LOTHAR 4705 S. APOPKA VINELAND ROAD SUITE 201 ORLANDO, FL 32819 US

City-State-Zip: FT. PIERCE FL

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:

**Officer/Director Detail :** Title PRESIDENT Title VPD Name ESTEIN, LOTHAR Name LUX, WALTER 4705 S. APOPKA VINELAND ROAD, Address 114 QUEEN CHRISTINA CT. Address SUITE 201 FT. PIERCE FL City-State-Zip: City-State-Zip: ORLANDO FL 32819 Title VPS Name PRAUSE, WALTER 115 QUEEN CHRISTINA CT. Address

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

FILED Jan 23, 2014 Secretary of State CC0110215259

Certificate of Status Desired: Yes

PRESIDENT

Date