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: SANDRA H. SONTAG

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028724

Entity Name: SPRINGHILL NURSERY OF GAINESVILLE, INC.

Current Principal Place of Business:

4155 NW 133RD ST. GAINESVILLE. FL 32606

Current Mailing Address:

4155 NW 133RD ST. GAINESVILLE, FL 32606

FEI Number: 59-3713187

Name and Address of Current Registered Agent:

SONTAG, SANDRA H 4129 NW 133RD ST. GAINESVILLE, FL 32606 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	DP	Title	S
Name	SONTAG, SANDRA H	Name	HAUFLER, ERNEST ROBERT
Address	4129 NW 133RD ST.	Address	4155 NW 133RD ST
City-State-Zip:	GAINESVILLE FL 32606	City-State-Zip:	GAINESVILLE FL 32606

PRESIDENT

Certificate of Status Desired: No

FILED Mar 20, 2014 Secretary of State CC1986801858

Date

03/20/2014 Date