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: MONICA HAUFLER

Electronic Signature of Signing Officer/Director Detail

Entity Name: 3-CORP. MANAGEMENT, INC.

Current Principal Place of Business:

835 COUNTY RD 529 LAKE PANASOFKEE, FL 33538

Current Mailing Address:

835 CR 529 LAKE PANASOFKEE, FL 33538 US

FEI Number: 04-3801563

Name and Address of Current Registered Agent:

HAUFLER, MONICA 4650 SW 7TH AVE RD OCALA, FL 34471 US

Date

Certificate of Status Desired: No

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	D	Title	D
Name	HAUFLER, MONICA	Name	STRANGE, CHARLES EJR.
Address	835 CR 529	Address	835 CR 529
City-State-Zip:	LAKE PANASOFKEE FL 33538	City-State-Zip:	LAKE PANASOFKEE FL 33538
Title	D	Title	D
THE	D	THE	D
Name	ADAMS, SCOTT A	Name	DEAN, CHARLES S
Address	835 CR 529	Address	835 CR 529
City-State-Zip:	LAKE PANASOFKEE FL 33538	City-State-Zip:	LAKE PANASOFKEE FL 33538
Title	D		
Name	DEAN, CHARLES SJR		
Address	835 CR 529		
City-State-Zip:	LAKE PANASOFKEE FL 33538		

TREASURER

02/13/2015

Date