| DOCUMENT# P08000111182 |
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| Entity Name: SUNNY RIDGE RETIREMENT AND ASSISTED LIVING FACILITY, INC. |
| Current Principal Place of Business: |
| |

1713 WEST EUCLID AVE. DELAND, FL 32720

Current Mailing Address:

1713 WEST EUCLID AVE. DELAND, FL 32720

FEI Number: 26-0213173

Name and Address of Current Registered Agent:

OCAMPO, MARILOU R 10330 WILLOW RIDGE LOOP ORLANDO, FL 32825 US

Certificate of Status Desired: No

FILED Jun 29, 2020 Secretary of State 4416959836CC

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 | Р | Title | VP | |
|--|-----------------|--------------------------|-----------------|--|--|
| | Name | OCAMPO, MARIQUITA | Name | OCAMPO, SHERMAN T | |
| | Address | 10306 JASMINE ROSE COURT | Address | 10330 WILLOW RIDGE LOOP | |
| | City-State-Zip: | ORLANDO FL 32825 | City-State-Zip: | ORLANDO FL 32825 | |
| | | | | | |
| | | | | | |
| | Title | S | Title | Т | |
| | Title Name | S OCAMPO, MARILOU | Title Name | T OCAMPO, RODRIGO | |
| | | | | T OCAMPO, RODRIGO 10306 JASMINE ROSE COURT | |
| | Name | OCAMPO, MARILOU | Name | | |

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.

Ρ

Date

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date