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.

PRESIDENT

SIGNATURE: CATHERINE MCCOY

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P12000020179

Entity Name: NSB CONDO RENTALS, INC.

Current Principal Place of Business:

5300 S. ATLANTIC AVE 16-504 NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

PO BOX 1873 NEW SMYRNA BEACH, FL 32170

FEI Number: 45-4482985

Name and Address of Current Registered Agent:

MCCOY, CATHERINE 5300 S. ATLANTIC AVE 16-504 NEW SMYRNA BEACH, FL 32169 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:

Date Electronic Signature of Registered Agent **Officer/Director Detail :** Ρ Title VP ACY ANTIC AVE 16-504

Title	P	Title	VP
Name	MCCOY, CATHERINE	Name	GAHAN, TRACY
Address	5300 S ATLANTIC AVE 16-504	Address	5300 S ATLANTIC AVE 16-504
City-State-Zip:	NEW SMYRNA BEACH FL 32169	City-State-Zip:	NEW SMYRNA BEACH FL 32169

FILED Apr 29, 2013 Secretary of State CC7134759972

Certificate of Status Desired: Yes

04/29/2013