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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: J.C. DEMETREE, JR.

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: PONTE VEDRA SQUARE, LLC

Current Principal Place of Business:

1551 ATLANTIC BLVD SUITE 300 JACKSONVILLE, FL 32207

Current Mailing Address:

DOCUMENT# L04000063763

PO BOX 47050 JACKSONVILLE, FL 32247

FEI Number: 20-1555258

Name and Address of Current Registered Agent:

DEMETREE, JR., J.C. 1551 ATLANTIC BLVD STE 300 JACKSONVILLE, FL 32207 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

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGRPT	Title	VPSAT
Name	DEMETREE, J.C. JR.	Name	DEMETREE, MARK C.
Address	PO BOX 47050	Address	PO BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247	City-State-Zip:	JACKSONVILLE FL 32247
Title	VPAS	Title	VPAS
Title Name	VPAS DEMETREE, CHRISTOPHER C.	Title Name	VPAS DUNN, M. HARRIS
Name	DEMETREE, CHRISTOPHER C.	Name	DUNN, M. HARRIS

Date

03/09/2020

PRESIDENT