327 NW BEAL	ncipal Place of Business: PKWY EACH, FL 32548		00703	1001002
Current Mai	ling Address:			
P O BOX 88 FT. WALTO	0 N BEACH FL 32549 US			
FEI Number: 20-5615396			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
SHERRY A LO 3 WINDSOR LA				
	EACH, FL 32547 US			
FT WALTON B	EACH, FL 32547 US	gistered office or regis	tered agent, or both, in the State of F	lorida.
FT WALTON B		gistered office or regis	tered agent, or both, in the State of F	ilorida. 01/14/2015
FT WALTON B	d entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of F	
FT WALTON B	d entity submits this statement for the purpose of changing its re- E: KEVIN H. LOCHT	gistered office or regis	tered agent, or both, in the State of F	01/14/2015
FT WALTON B	d entity submits this statement for the purpose of changing its re- E: KEVIN H. LOCHT Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both, in the State of F	01/14/2015
FT WALTON B The above name SIGNATURE Authorized	d entity submits this statement for the purpose of changing its re- E: KEVIN H. LOCHT Electronic Signature of Registered Agent Person(s) Detail :			01/14/2015
FT WALTON B The above name SIGNATURE Authorized Title	d entity submits this statement for the purpose of changing its re- E: KEVIN H. LOCHT Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	01/14/2015
FT WALTON B The above name SIGNATURE Authorized Title Name	d entity submits this statement for the purpose of changing its re- E: KEVIN H. LOCHT Electronic Signature of Registered Agent Person(s) Detail : MGR LOCHT, KEVIN H P O BOX 880	Title Name	MGR LOCHT, SHERRY A P O BOX 880	01/14/2015

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: SHERRY A LOCHT

MGR

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: S AND K LAND HOLDINGS, LLC

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 14, 2015 Secretary of State CC7894807652

Date