that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG A BARNES

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

Current Principal Place of Business:

405 MAGNOLIA ENDING MOUNT DORA, FL 32757 US

DOCUMENT# L11000013816

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	BARNES, NICOLE M	Name	BARNES, CRAIG A
Address	405 MAGNOLIA ENDING	Address	405 MAGNOLIA ENDING
City-State-Zip:	MOUNT DORA FL 32757	City-State-Zip:	MOUNT DORA FL 32757

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

MGRM

Certificate of Status Desired: No

FILED Apr 16, 2014 Secretary of State CC5584500732

Date

04/16/2014

Date

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: CANTERBURY POINTE HOME SERVICES, LLC

FEI Number: 45-3770948

405 MAGNOLIA ENDING MOUNT DORA, FL 32757

Current Mailing Address: 405 MAGNOLIA ENDING MOUNT DORA, FL 32757 US

BARNES, CRAIG A