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: JOSEPH HUDSON

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

DOCUMENT# L13000029664

Entity Name: TAMPA BAY SIGNATURE HOMES, LLC

Current Principal Place of Business:

9400 RIVER CROSSING BLVD 104 NEW PORT RICHEY, FL 34655

Current Mailing Address:

P.O. BOX 828 ELFERS, FL 34680 US

FEI Number: 46-2125396

Name and Address of Current Registered Agent:

MITCHELL, DEREK 9400 RIVER CROSSING BLVD 104 NEW PORT RICHEY, FL 34655 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MITCHELL, DEREK	Name	HUDSON, JOSEPH
Address	P.O. BOX 828	Address	P.O. BOX 828
City-State-Zip:	ELFERS FL 34680	City-State-Zip:	ELFERS FL 34680

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 07, 2015 Secretary of State CC8224800203

Certificate of Status Desired: No

Date

Date