Ourse Ma					
Current Ma	iling Address:				
P.O. BOX 9 PORT RICH	IEY, FL 34668 US				
FEI Number: 59-3536542 Certificate of			Certificate of Status De	Status Desired: No	
Name and A	Address of Current Registered Ager	nt:			
COLA, NICK 204 9TH AVE S	S BOR, FL 34695 US				
COLA, NICK 204 9TH AVE S SAFETY HARE	-	nging its registered office or regis	tered agent, or both, in the State of I	-lorida.	
COLA, NICK 204 9TH AVE S SAFETY HARE The above name	BOR, FL 34695 US	nging its registered office or regis	tered agent, or both, in the State of I	=lorida. 04/20/2022	
COLA, NICK 204 9TH AVE S SAFETY HARE The above name	BOR, FL 34695 US	nging its registered office or regis	tered agent, or both, in the State of I		
COLA, NICK 204 9TH AVE S SAFETY HARE The above name SIGNATURE	BOR, FL 34695 US ad entity submits this statement for the purpose of char E: NICK COLA	nging its registered office or regis	tered agent, or both, in the State of I	04/20/2022	
COLA, NICK 204 9TH AVE S SAFETY HARE The above name SIGNATURE	BOR, FL 34695 US ed entity submits this statement for the purpose of char E: <u>NICK COLA</u> Electronic Signature of Registered Agent	nging its registered office or regis	tered agent, or both, in the State of I	04/20/2022	
COLA, NICK 204 9TH AVE S SAFETY HARE The above name SIGNATURE Authorized	BOR, FL 34695 US ed entity submits this statement for the purpose of char E: <u>NICK COLA</u> Electronic Signature of Registered Agent Person(s) Detail :			04/20/2022	
COLA, NICK 204 9TH AVE S SAFETY HARE The above name SIGNATURE Authorized Title	BOR, FL 34695 US ad entity submits this statement for the purpose of char E: <u>NICK COLA</u> Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	04/20/2022	

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: ADRIENNE GRAHAM

MGR

04/20/2022 Date

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000001779

Entity Name: HOMEPAGE PROPERTIES, LLC

Current Principal Place of Business:

FILED Apr 20, 2022 Secretary of State 6424768917CC