30904 SR 52			
SAN ANTONIC	D, FL 33576		
Current Ma	iling Address:		
P.O. BOX 9 PORT RICH	IEY, FL 34668 US		
FEI Number: 59-3536542 Certificate of Status			of Status Desired: No
	Address of Current Registered Age	nt:	
Name and <i>I</i>			
COLA, NICK 204 9TH AVE \$			
COLA, NICK 204 9TH AVE S SAFETY HARE	S	nging its registered office or registered agent, or bo	th, in the State of Florida.
COLA, NICK 204 9TH AVE S SAFETY HARE The above name	S 30R, FL 34695 US	nging its registered office or registered agent, or bo	th, in the State of Florida. 04/09/2021
COLA, NICK 204 9TH AVE S SAFETY HARE The above name	S BOR, FL 34695 US ad entity submits this statement for the purpose of cha	nging its registered office or registered agent, or bo	
COLA, NICK 204 9TH AVE S SAFETY HARE The above name SIGNATURI	S BOR, FL 34695 US ed entity submits this statement for the purpose of cha E: NICK COLA	nging its registered office or registered agent, or bo	04/09/2021
COLA, NICK 204 9TH AVE S SAFETY HARE The above name SIGNATURI	S BOR, FL 34695 US ed entity submits this statement for the purpose of cha E: NICK COLA Electronic Signature of Registered Agent	nging its registered office or registered agent, or bo Title MGR	04/09/2021
COLA, NICK 204 9TH AVE S SAFETY HARE The above name SIGNATURI	S BOR, FL 34695 US ed entity submits this statement for the purpose of cha E: <u>NICK COLA</u> Electronic Signature of Registered Agent <b>Person(s) Detail :</b>		04/09/2021 Date
COLA, NICK 204 9TH AVE S SAFETY HARE The above name SIGNATURI Authorized Title	S BOR, FL 34695 US ed entity submits this statement for the purpose of cha E: <u>NICK COLA</u> Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGR	Title MGR	04/09/2021 Date

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

04/09/2021 Date

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000001779

Entity Name: HOMEPAGE PROPERTIES, LLC

## **Current Principal Place of Business:**

FILED Apr 09, 2021 Secretary of State 7799590979CC