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.

Electronic Signature of Signing Authorized Person(s) Detail

#### DOCUMENT# L15000010167

Entity Name: 4 POINTS PROPERTY DEVELOPMENT, LLC

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

1520 W ROBERTS AMAN RD PERRY, FL 32347

## **Current Mailing Address:**

1520 W ROBERTS AMAN RD PERRY, FL 32347 US

## FEI Number: 47-2856170

# Name and Address of Current Registered Agent:

ROBERTS, SALLY 1520 W ROBERTS AMAN RD PERRY, FL 32347 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	SALLY ROBERTS			01/14/2022	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MANAGER	Title	MANAGER		
Name	ROBERTS, DAVID W JR.	Name	ROBERTS, SALLY J		
Address	1520 W ROBERTS AMAN RD	Address	1520 W ROBERTS AMAN RD		
City-State-Zip:	PERRY FL 32347	City-State-Zip:	PERRY FL 32347		

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SIGNATURE: SALLY ROBERTS

MANAGER

01/14/2022

FILED Jan 14, 2022 Secretary of State 5801497517CC

Certificate of Status Desired: No

Date