#### that my name appears above, or on an attachment with all other like empowered. 04/23/2018 MANAGING MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

## **Current Mailing Address:** P.O. BOX 682241 FRANKLIN, TN 37068

Entity Name: 30A LIFESTYLE LIVING II, LLC

**Current Principal Place of Business:** 

DOCUMENT# L17000180427

THOMPSONS STATION. TN 37179

2755 AMERICUS DRIVE

## FEI Number: 82-2597177

## Name and Address of Current Registered Agent:

THACKER, CARLOTTA 304 MAGNOLIA AVENUE PANAMA CITY, FL 32401 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	AMBR	Title	AMBR
Name	FLORES, MONIQUE	Name	BRASE, GERALD W
Address	P.O. BOX 682241	Address	2755 AMERICUS DRIVE
City-State-Zip:	FRANKLIN TN 37068	City-State-Zip:	THOMPSONS STATION TN 37179

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

SIGNATURE: GERALD BRASE

# Certificate of Status Desired: No

Date

Date

# FILED Apr 23, 2018 Secretary of State CC0194571019