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: PATRICIA SHUFFIELD

Electronic Signature of Signing Authorized Person(s) Detail

5108 WALDENBROOKE COURT ACWORTH. GA 30101

FEI Number: 83-1609603

Name and Address of Current Registered Agent:

URS AGENTS, LLC 3458 LAKESHORE DRIVE TALLAHASSEE, FL 32312 US

Authorized Person(s) Detail :

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:

Title AMBR Title MGR SHUFFIELD, PATRICIA Name SHUFFIELD, ROBERT Name **5108 WALDENBROOKE COURT** Address Address City-State-Zip: ACWORTH GA 30101 City-State-Zip: ACWORTH GA 30101

02/19/2020 AMBR

Electronic Signature of Registered Agent

Current Mailing Address:

5108 WALDENBROOKE COURT

ACWORTH, GA 30101

Current Principal Place of Business:

Entity Name: 36 GULF COVE COURT, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000186782

Certificate of Status Desired: No

5108 WALDENBROOKE COURT

FILED Feb 19, 2020 Secretary of State 0466801743CC

Date

Date