6/9/2020

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. —

Email Address:_

REGISTERED AGENT CHANGE PEACE CREEK RANCHES, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508. or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PEACE CREEK RANCHES, INC.
2. The principal office address: 6002 NETTLE PATH DRIVE. FORT PIERCE, FL 34951
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/11/1968 Document number: 332328
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
· Wayne Berry
795 Ave. T S.E.
Winter Haven, Florida 33880
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System 99
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
X (Signature of an afficer or director, Printee or Tiple name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stanutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. CT Corporation System
By: James Halpin, 6/9/2020 Signature of Registral Agent Date
Assistant Secretary If signing on behalf of an entity:
'Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)