DOCUMENT # 706377  1. Entity Name	0	2/	FIL:		.00 -					
RIVERSIDE POMONA GRANGE NO 3 INC	K		Aug 04, 20 Secretary	of S	:uu a State	ın				
Principal Place of Business Mailing Address			02-21-2000 9004							
C/O BETTY WINTERMUTE C/O BETTY WINTERMUTE 4725 84TH STREET. BOX 155 4725 84TH STREET. BOX WABASSO FL 32970 US US										
2. Principal Place of Business C/o Betty Wintermote 6/0 Betty	<u> </u>									
Suite, Apt. #, etc. Suite, Apt. #, etc.		1	DO NOT WRITE IN THIS S	SPACE						
City & State P.O. Box   City & State	155	4. FEI Numbs	er	A	plied For	7				
WADASSO, 7(M. L) AbASSO	m.	<del>                                     </del>	23-7214711		ot Applicable	]				
Zip 32976 Twd. River 32970  8. Name and Address of Current Registered Agent	Ind. River			\$8.75 Add		-				
o. Hama and Address of Culters nogistered Again	Name 12 a-			ig <del>or it</del>		1				
WINTERMUTE, BETTY		Street Address (P.O. Box Number is Not Acceptable)								
4725 84TH STREET	474	5 844	ST- Box 155			1				
P.O. BOX 155 WABASSO FL 32970	City /. ) n h		FL	Zip Cod	e	┨				
WABASSO FL 32970  City WADASSO  FL Zip Code 32970  8. 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 Botte Winter mute Botte Winter mute 7/8/2000										
Signature, typed ordinated name of registered agent and title if applicable. (N										
		5.00 May Be ided to Fees	Make Check F Department		•					
10. OFFICERS AND DIRECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AND DIR	ECTORS IN	10					
NAME STREET ADDRESS CITY-ST-ZIP  D Delete  A756 65TH STREET WINTER BEACH FL	TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP			☐ Change	☐ Addition	RZE037 (!\m)				
TITLE P - Dislote	TITLE			☐ Change	Addition	뜅				
NAME STREET ADDRESS CITY-ST-ZIP WABASSO FL	NAME STREET ADDRESS CITY-ST-ZIP									
TITLE D D Delete	TITLE			Change	☐ Addition					
NAME LEVAN, EVELYN STREET ADDRESS 47093-109TH-STREET	NAME STREET ADDRESS	per training	، ي		<del>-</del>					
CITY-ST-ZIP FELLSMERE FL 32948	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			<u> </u>					
TITLE D Delete NAME KAZIUKONIS, EDNA	TITLE			☐ Change	Addition					
STREET ADDRESS 738 E LARK ST	STREET ADORESS									
CITY-ST-ZIP BAREFOOT BAY FL TITLE S Delete	CITY-ST-ZIP			☐ Change	Addition	1				
NAME WINTERMUTE, BETTY DIFECTOR	TITLE NAME									
STREET ADDRESS 4725 84TH STREET	STREET ADDRESS CITY-ST-ZIP	٠								
CITY-ST-ZP WABASSO FL 32970	TITLE	<del></del>	<del></del>	☐ Change	☐ Addition					
NAME	NAME			-						
STREET ADDRESS CITY_ST_7ID	STREET ADDRESS					1				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

BEHNUINTER METEURED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7/8/2000 561-589-4674 Daytime Phone # SIGNATURE:

LDC # 106311

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