3/3 DOCUMENT # **N24415** May 11, 2000 8:00 am Secretary of State 1. Entity Name MACGREGOR ROAD AT "THE BEND", INC. 03-03-2000 90236 028 ****61.25 Mailing Address Principal Place of Business 1975 MACGREGOR RD 1975 MACGREGOR RD TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689-5859 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zìp Country Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) YOUNG, RICHARD C 1975 MACGREGOR RD TARPON SPRINGS FL 34689 Zip Code City FI 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. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DEPSLOOM Addition Chance TITLE Delete TITLE THOMAS FLANAGAN NAME LIPSEY, LES NAME 1976 MACGLEGON KO STREET ADDRESS STREET ADDRESS 1975 MACGREGOR RD CITY-ST-ZIP TARPON SPRINGS, FL CITY - ST - ZIF Tarpon Springs FL Change Addition TREASURER SD Delete TATLE TITLE RICHARD C. YOUNG NAME FLANNAGAN, DEBBIE NAME 1975 MICGLEGOX RO STREET ADDRESS STREET ADDRESS 1976 FLANNAGAN CITY-ST-ZIP TAKPON SPRINGS, FL 34689 CITY-ST-ZIP TARPON SPRINGS FL 34689 VICE PRESIDENT / SECLETARY D Change ☐ Addition Delete TITLE MACGREGOR, DUNCAN S NAME NAME BYELYN M. YOUNG STREET ADDRESS STREET ADDRESS 1988 MACGREGOR RD 1975 MACGRETOR KO CITY-ST-ZIP CITY-ST-ZIP Tarpon Springs FL TARPON SPRINGS ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 supplemental 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR