## P95000000524

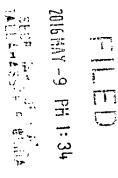
(Re	equestor's Name)			
(Ac	idress)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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MAY 13 2016

I ALBRITTON

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

statement of cha	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida n organized under the laws of the State of r registered agent, or both, in the State of	Floria		
1. The name of	the corporation: UNITED MOBILE	HOMES OF FLORIDA, INC.			
2. The principal					
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 01/27/1993	Document number: P93000	006524		
	I street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file wresigned)	vith the		
	F & L CORP.		_		
	ONE INDEPENDENT DRIVE				
	JACKSONVILLE	FL 32202			
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered of	Office State of the State of th		
	Corporation Service Company		· · · · ·		
	1201 Hays Street				
	P.O. Box NOT acceptable				
	Tallahassee	FL 32301	-		
The street addre	ess of its registered office and the be identical.	street address of the business office of it	ts registered agent,		
Such change wa authorized by th	_	dopted by its board of directors or by an een notified in writing of the change.	officer so		
>	ie E. agni	Jill Cilmi	Vice President		
	te of an officer or director	Printed or typed name and til	ile		
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of a	ent and agree to act in this capacity.  all statutes relative to the proper and contain and accept the obligation of my position to reflect a change in the registered officitied in writing of this change.	nplete n as registered ce address, I		
By: J	are Coxyole	04/28/2016			
_	half of an entity:	Date			
Grace E. Kirby,	Assistant Vice President				
	yped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*