

FLORIDA DEPARTMENT OF STATE
Sandra S. Northerm
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00am
Secretary of State

SHEEBA MOUNTAIN PROPERTIES, INC.

PO BOX 11
MENTONE AL 35984-0011
US

24 26 28

8. This corporation has liability to ~~Florida~~ Florida tax under s. 199.032.
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

PRESTON, MARY LOU
150 KENT RD 1-B
SUITE 4
ST. AUGUSTINE FL 32086

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the aforementioned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

OFFICERS AND DIRECTORS

ADDITIONAL INFORMATION: [redacted] and [redacted] 11/12

FILE	NAME	STREET ADDRESS	CITY-ST-ZIP	FILE	NAME	STREET ADDRESS	CITY-ST-ZIP
☐ DELETE	D	MACVICAR, MORGANA	C/O 2854 COASTAL HIGHWAY #3 ST. AUGUSTINE FL 32095	☐ Change	☐ Addition		
☐ DELETE	D	LIEU, BARBARA	C/O 2854 COASTAL HIGHWAY #3 ST. AUGUSTINE FL 32095	☐ Change	☐ Addition		
☐ DELETE	D	SCHMIDT, FAYANN	2854 COASTAL HIGHWAY, #3 ST. AUGUSTINE FL 32095	☐ Change	☐ Addition		
☐ DELETE				☐ Change	☐ Addition		
☐ DELETE				☐ Change	☐ Addition		
☐ DELETE				☐ Change	☐ Addition		

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-05/19/97--01107--019

***165.00

14. I do hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119(b)(3)(A) of the Freedom of Information Act. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall not be the same legal effect as a check, printed name, and I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 407, Freedom of Information Act, and that my name appearing in Block 12 or Block 13 is changed, or on an attachment with an addendum.

SIGNATURE: Barbara H. Lien Barbara H. Lien Treasurer 4-29-97

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