I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL T ABATE SR

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 711161

Entity Name: OLS HOME ASSOCIATION, INC.

Current Principal Place of Business:

3450 KILMARNOCH LANE TITUSVILLE, FL 32781

Current Mailing Address:

P O BOX 861 TITUSVILLE, FL 32780 US

FEI Number: 23-7075601

Name and Address of Current Registered Agent:

ABATE, PAUL T SR 1245 RANCHERO AVE TITUSVILLE, FL 32780 US

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: PAUL T ABATE SR | | | | 01/03/2021 |
|----------------------------|--|-----------------|---------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PRES | Title | TREA | |
| Name | ABATE, PAUL T SR. | Name | BUNDY, HAROLD E. | |
| Address | 1245 RANCHERO AVE | Address | 7834 WINDOVER WAY | |
| City-State-Zip: | TITUSVILLE, FL 32780 | City-State-Zip: | TITUSVILLE FL 32780 | |
| Title | SECRETARY | Title | VP | |
| Name | SOIKA, STEVEN P | Name | RIQUELME, JUAN C | |
| Address | 1859 KIRBY DR. | Address | 7874 WINDOVER WAY | |
| City-State-Zip: | TITUSVILLE FL 32796 | City-State-Zip: | TITUSVILLE FL 32780 | |
| Title | 2ND VP | | | |
| Name | THERRIAULT, RICHARD | | | |
| Address | 4601 PALACE PLACE | | | |
| City-State-Zip: | TITUSVILLE FL 32796 | | | |

01/03/2021 Date

FILED Jan 03, 2021 Secretary of State 5156241029CC

Certificate of Status Desired: Yes

PRESIDENT