# 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: CHARLES ALLEN

Electronic Signature of Signing Officer/Director Detail

#### Current Principal Place of Business: 4300 SW 13TH ST. GAINESVILLE, FL 32608-4099

## **Current Mailing Address:**

DOCUMENT# N02688

PO BOX 141750 GAINESVILLE, FL 32614

# FEI Number: 59-2408827

## Name and Address of Current Registered Agent:

Entity Name: NEW HORIZONS PROPERTIES II, INC.

LABARTA, MARGARITA PHD 4300 SW 13TH ST. GAINESVILLE, FL 32608 US

## FILED Apr 06, 2016 Secretary of State CC3645466628

Date

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	P	Title	VP
Name	ALLEN, CHARLES	Name	CASON, LILLIAN
Address	P.O. BOX 140280	Address	1621 SE GILES MARTIN AVE
City-State-Zip:	GAINESVILLE FL	City-State-Zip:	LAKE CITY FL 32024
Title	TR	Title	D
Title Name	TR LABARTA, MARGARITA	Title Name	D DEBOLT, CHARLES
			-
Name	LABARTA, MARGARITA	Name	DEBOLT, CHARLES

BOARD CHAIRMAN

04/06/2016

Date