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 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

V

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P07000018849

Entity Name: LAKESIDE HOMES, INC.

Current Principal Place of Business:

3413 SW RONALD ST PORT SAINT LUCIE, FL 34953

Current Mailing Address:

3413 SW RONALD ST PORT SAINT LUCIE. FL 34953

FEI Number: 20-8460916

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

RITTER, DARRYL 3413 SW RONALD ST PORT SAINT LUCIE, FL 34953 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:

Officer/Director Detail :					
Title	DP	Title	DV		
Name	RITTER, DARRYL	Name	ALLEN, ANGELA		
Address	3413 SW RONALD ST	Address	3413 SW RONALD ST		
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 3495		

Certificate of Status Desired: No

02/24/2018 Date

Date

FILED Feb 24, 2018 Secretary of State CC5129112248