I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute		
above, or on an attachment with all other like empowered.		na that my name appears
SIGNATURE: ANGELA ALLEN	VICE PRESIDENT	03/13/2023

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:

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

The above named entity subm la.

SIGNATURE:

Electro

Officer/Director Det

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 34953

mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida					
onic Signature of Registered Agent					
tail :					
	Title	DV			

VICE PRESIDENT

Date

FILED Mar 13, 2023 **Secretary of State** 2168556054CC

Certificate of Status Desired: No

Date