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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: LYNN L HILEMAN

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

Authorized Person(s) Detail :				
Title	MGRM			

Title	MGRM	Title	AUTHORIZED MEMBER
Name	HILEMAN, LYNN L	Name	HILEMAN, VALERIE L
Address	1713 PENMAN ROAD	Address	1713 PENMAN ROAD
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250

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.

HILEMAN, LYNN L 1713 PENMAN ROAD JACKSONVILLE BEACH, FL 32250 US

JACKSONVILLE BEACH, FL 32250 **Current Mailing Address:**

1713 PENMAN ROAD

SIGNATURE:

1713 PENMAN ROAD JACKSONVILLE BEACH, FL 32250

Entity Name: 1713 PENMAN ROAD, LLC

Current Principal Place of Business:

FEI Number: 20-4573313

Name and Address of Current Registered Agent:

FILED Mar 06, 2018 Secretary of State CC6447473248

Certificate of Status Desired: No

03/06/2018

Date

Date