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.

SIGNATURE: KAREN HOTZ

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000027807

Entity Name: SOUTHPOINTE FARM OF WELLINGTON, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

16575 VAN GOGH ROAD LOXAHATCHEE, FL 33470

Current Mailing Address:

1470 VIA MIGUEL JUPITER, FL 33477 US

FEI Number: 45-4938742

Name and Address of Current Registered Agent:

HILDA M. PORRO, P.A. 12230 FOREST HILL BLVD. SUITE 122 WELLINGTON, FL 33414 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

1	Title	MGRM
KAREN	Name	HOTZ, ASHLEY
SHEFFIELD STREET	Address	13692 SHEFFIELD STREET
NGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414
	KAREN SHEFFIELD STREET	KAREN Name SHEFFIELD STREET Address

Certificate of Status Desired: No

FILED Jun 19, 2020 Secretary of State 2049981556CC

Date

06/19/2020 Date

MANAGER