| 736 GREENWO | ncipal Place of Business: DOD MANOR CIR URNE, FL 32904 | | | | |
|--|---|-------------------------------|---|------------|--|
| Current Mai | iling Address: | | | | |
| PO BOX 344 GOTHA, FL | - | | | | |
| FEI Number | r: 59-3268180 | | Certificate of Status Desired: No | | |
| Name and A | Address of Current Registered Agent: | | | | |
| ARCADIER AN 2815 W NEW H #1304 MELBOURNE, | | | | | |
| The above name | d entity submits this statement for the purpose of changing i | ts registered office or regis | tered agent, or both, in the State of F | Florida. | |
| SIGNATURE | E: STEVEN BIGGIE, ESQ. | | | 03/20/2022 | |
| | Electronic Signature of Registered Agent | | | Date | |
| Authorized | Person(s) Detail : | | | | |
| Title | MGR | Title | MBR | | |
| Name | DOBBINS, MARY | Name | PATEL, BACHU | | |
| Address | PO BOX 344 | Address | 975 LUMINARY CT U102 | | |
| City-State-Zip: | GOTHA FL 34734 | City-State-Zip: | MELBOURNE FL 32901 | | |

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.

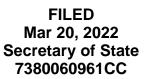
| SIGNATURE: MARY DOBBINS | MGR | 03/20/2022 |
|-------------------------|-----|------------|
| | | |

DOCUMENT# L9400000379

Entity Name: ALPHA PROPERTIES OF BREVARD, L.C.

rrent Principal Place of Rusiness

Electronic Signature of Signing Authorized Person(s) Detail



Date