SIGNATURE: Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR, AUTHORIZED MEMBER	Title	MGR, AUTHORIZED MEMBER
Name	REVITAL NFTM 41, LLC	Name	NDA NFTM 41, LLC
Address	10429 GREENMONT DRIVE	Address	12629 NEW BRITTANY BOULEVARD, BUILDING 16
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	FORT MYERS FL 33907
Title	AUTHORIZED MEMBER		
Name	NATIONAL DEVELOPMENT OF AMERICA, INC.		
Address	12629 NEW BRITTANY BOULEVARD, BUILDING 16		
City-State-Zip:	FORT MYERS FL 33907		

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

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.

Entity Name: HERMOSA NFTM 41, LLC

DOCUMENT# L20000351333

Current Principal Place of Business:

10429 GREENMONT DRIVE TAMPA, FL 33626

Current Mailing Address:

10429 GREENMONT DRIVE TAMPA FL 33626 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

REVITAL COMMUNITIES, LLC 10429 GREENMONT DRIVE TAMPA, FL 33626 US



Certificate of Status Desired: Yes

04/29/2021 MANAGER OF MANAGER

Date

FILED Apr 29, 2021 Secretary of State 7367443505CC

Electronic Signature of Signing Authorized Person(s) Detail

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL R ALLAN

OF MANAGER

Date