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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. PRESIDENT

SIGNATURE: MCKAY, SAMUEL

Electronic Signature of Signing Officer/Director Detail

0

City-State-Zip: MALONE FL 32445

	8 8 8		
Officer/Director Detail :			
Title	MR	Title	MR
Name	MCKAY, SAMUEL	Name	TORRES, NORMAN A
Address	4965 KILLIS RD.	Address	5315 12TH ST.
City-State-Zip:	GREENWOOD FL 32443	City-State-Zip:	MALONE FL 32445
Title	MRS		
Name	SMITH, KATHLEAN		
Address	PO BOX 176		

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.

P O BOX 25 MALONE, FL 32445 US

Current Mailing Address:

DOCUMENT# N95000005502

Current Principal Place of Business:

FEI Number: 59-3095483

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SMITH, WILLIE J

5186 9TH AVE MALONE, FL 32445

5330 12TH STREET MALONE, FL 32445 US

SIGNATURE:

Entity Name: MALONE COMMUNITY CLUB, INCORPORATED

FILED Feb 20, 2014 Secretary of State CC9184952136

Certificate of Status Desired: No

02/20/2014

Date

Date