State of Florida
Department of State

I certify from the records of this office that [ ] is a corporation organized under the laws of the State of Florida, filed on [ ]

The document number of this corporation is [ ]

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on [ ] and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the [ ]

[Signature]
Secretary of State

Tracking Number:
To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.
https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication
Current Mailing Address:

JACKSONVILLE

FEI Number:  

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JACKSONVILLE

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

Officer/Director Detail:

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<th>Title</th>
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<th>Address</th>
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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 revocable or irrevocably empowered to execute this report as required by Chapter 517, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE:  

CHIEF FINANCIAL OFFICER

Electronic Signature of Signing Officer/Director Detail

Date