LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2002 8:00 am Secretary of State

DOCUMENT # L01000022610 1. Entity Name							Secretary of State 03-25-2002 90168 034 ****50.00			
SHV MANAGEMENT ENTERPRISES, LLC										
DO NOT WRITE IN THIS SPACE										
2913 Westside Boulevard 6			3. Mailing Address 2913 Westside Suite, Apt. #, etc.	2913 Westside Boulevard			BOD A SEDS DO NOT WRITE IN THIS SPACE			
City & State Jackson ville, FL Zip Country			City & State Jackson ville, FL Zip Country			80	4. FEI Number Applied For Not Applicable 5. Cortificate of Status Posited 7 \$5.00 Additional			
3221	09 u	5A	32209	USA	·		ficate of Status Desired	F	ee Required	
					Name		and Address of Currer			
Street Address (F						ess (P.O. Box N	Reiter & MC	le)		
IN THIS SPACE						th Laura	STYCET	<u> </u>		
					Suite a		I⊏ ■ Zin Code			
8. The above	named entity sub	mits this statement for t	he purpose of changing its	registere	-	Sonuille pistered agent, c	or both, in the State of F		22202	
SIGNATURE .	Signature, typed or print	ed name of registered agent and	title if applicable.					DATE		
Make Check Paya					550.00 Departme MAY 1	nt of State				
9.		MANAGING MEMBER	MANAGERS	—						
MGRM Samuel H. Vickers Street address 2913 West-side Boulevard Jacksonville, FL 32209					T ADDRESS ST-ZIP					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/12/10

904-764-6541