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.

SIGNATURE: JOHN G. ADMIRE

Electronic Signature of Signing Officer/Director Detail

D

03/25/2016 Date

Certificate of Status Desired: No

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		Date	
Officer/Director Detail :				
Title	D	Title	D	
Name	ADMIRE, JOHN G	Name	ADMIRE, PAMELA	
Address	2555 PONCE DE LEON BLVD STE 320	Address	2555 PONCE DE LEON BLVD STE 320	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

CORAL GABLES. FL 33134

Current Principal Place of Business:

Current Mailing Address:

2555 PONCE DE LEON BLVD STE 320

CORAL GABLES, FL 33134

DOCUMENT# N15000010513

2555 PONCE DE LEON BLVD STE 320

FEI Number: 30-0798729

Name and Address of Current Registered Agent:

Entity Name: THE WILLIAM J. MCKEEHAN TRUST, INC.

ADMIRE, JOHN G ESQ 2555 PONCE DE LEON BLVD STE 320 CORAL GABLES, FL 33134 US

FILED Mar 25, 2016 Secretary of State CC1624056454