| 240 CANAL BL' SUITE 2 | ncipal Place of Business: VD BEACH, FL 32082 | | | |
|--|---|---------------------------|--|------------------------------|
| Current Mai | ling Address: | | | |
| 5455 A1A So ST. AUGUS | OUTH TINE, FL 32080 US | | | |
| FEI Number: 59-2865384 Certificate of Status | | Certificate of Status Des | sired: No | |
| Name and A | ddress of Current Registered Agent: | | | |
| | MENT SERVICES, INC | | | |
| MAY MANAGEI 5455 A1A SOU ST. AUGUSTIN | E, FL 32080 US | tered office or regis | tered agent or both in the State of Fi | orida |
| MAY MANAGEI 5455 A1A SOU ST. AUGUSTIN The above named | TH E, FL 32080 US I entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the State of Fl | |
| MAY MANAGEI 5455 A1A SOU ST. AUGUSTIN The above named | TH E, FL 32080 US | tered office or regis | tered agent, or both, in the State of Fl | orida. 03/06/2018 Date |
| MAY MANAGEI 5455 A1A SOU ST. AUGUSTIN The above named SIGNATURE | TH E, FL 32080 US Identity submits this statement for the purpose of changing its regis E: <u>PATRICIA COMSTOCK</u> Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, in the State of Fl | 03/06/2018 |
| MAY MANAGEI 5455 A1A SOU ST. AUGUSTIN The above named | TH E, FL 32080 US Identity submits this statement for the purpose of changing its regis E: <u>PATRICIA COMSTOCK</u> Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, in the State of Fl | 03/06/2018 |
| MAY MANAGEI 5455 A1A SOU ST. AUGUSTIN The above named SIGNATURE Officer/Dire | TH E, FL 32080 US d entity submits this statement for the purpose of changing its regis : PATRICIA COMSTOCK Electronic Signature of Registered Agent ctor Detail : | | | 03/06/2018 |
| MAY MANAGEI 5455 A1A SOU' ST. AUGUSTIN The above named SIGNATURE Officer/Direc Title | TH E, FL 32080 US In entity submits this statement for the purpose of changing its regis E: PATRICIA COMSTOCK Electronic Signature of Registered Agent Ctor Detail : PRESIDENT | Title | SECRETARY, TREASURER | 03/06/2018 |
| MAY MANAGEI 5455 A1A SOU' ST. AUGUSTIN The above named SIGNATURE Officer/Direc Title Name | TH E, FL 32080 US I entity submits this statement for the purpose of changing its regis E PATRICIA COMSTOCK Electronic Signature of Registered Agent Ctor Detail : PRESIDENT KAROL, ROBERT 5455 A1A SOUTH | Title Name | SECRETARY, TREASURER WEATHERLY, BOB 5455 A1A SOUTH | 03/06/2018 |

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: ROBERT KAROL

City-State-Zip: ST. AUGUSTINE FL 32080

DOCUMENT# N20531

VEDRA BEACH, INC.

Electronic Signature of Signing Officer/Director Detail

CC2401621629

03/06/2018 Date