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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IAN SCHENKMAN

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address: 5195 NW 77 AVE

Current Principal Place of Business:

MIAMI, FL 33166

5195 NW 77 AVE MIAMI, FL 33166

DOCUMENT# 367193

FEI Number: 59-1353499

Name and Address of Current Registered Agent:

Entity Name: OLD BRIDGE PARK CORPORATION

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

HECHTKOPF, LARA S 5195 NW 77 AVE MIAMI, FL 33166 US

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	E: LARA HECHTKOPF			01/05/2017
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	CEOP	Title	ST	
Name	SCHENKMAN, JOEL	Name	SCHENKMAN, RANDY	
Address	5195 NW 77 AVE	Address	5195 NW 77 AVE	
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166	
Title	VP	Title	VP	
Name	SCHENKMAN, LARA ESQ	Name	SCHENKMAN, IAN	
Address	5195 NW 77 AVE	Address	5195 NW 77 AVE	
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166	

Certificate of Status Desired: No

FILED Jan 05, 2017 Secretary of State CC3367197061

> 01/05/2017 Date

VICE PRESIDENT