# 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: BONNIE BLAIRE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# K04535

Entity Name: AKB MANAGEMENT COMPANY

#### **Current Principal Place of Business:**

2655 LEJEUNE ROAD 314 CORAL GABLES, FL 33134

#### Current Mailing Address:

615 ALEDO AVE CORAL GABLES, FL 33134 US

#### FEI Number: 65-0029011

## Name and Address of Current Registered Agent:

BLAIRE, BONNIE 2655 LEJEUNE ROAD SUITE 314 CORAL GABLES, FL 33134 US FILED Apr 18, 2013 Secretary of State CC2721574111

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

#### Officer/Director Detail :

Title	PD	Title	VP/D
Name	BLAIRE, BONNIE	Name	BLAIRE, ADAM
Address	2655 LEJEUNE ROAD STE 314	Address	2655 LEJEUNE ROAD STE 314
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	VP/D		
Name	BLAIRE, KAREN		
Address	2655 LEJEUNE ROAD STE 314		
City-State-Zip:	CORAL GABLES FL 33134		

PRES/DIR

04/18/2013

Date

Date