2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: WAMPLER, BUCHANAN, WALKER, CHABROW, BANCIELLA & STANLEY, P.A.

Current Principal Place of Business:

304 PALERMO AVENUE
2ND FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

PO BOX 566629
MIAMI, FL 33256-6629 US

FEI Number: 65-0082249

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, MICHAEL B
2899 COACOOCHEE STREET
COCONUT GROVE, FL 33133 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DP
Name	WAMPLER, ATLEE W. III
Address	12535 SW 60TH COURT
City-State-Zip:	MIAMI FL 33156

Title	DT
Name	BUCHANAN, JOSEPH R.
Address	6390 SW 96 STREET
City-State-Zip:	MIAMI FL 33156

Title	DST
Name	WALKER, MICHAEL B.
Address	2899 COACOOCHEE STREET
City-State-Zip:	COCONUT GROVE FL 33133

Title	DVP
Name	CHABROW, PENN B.
Address	13351 SW 57 COURT
City-State-Zip:	MIAMI FL 33156

Title	DVP
Name	BANCIELLA, RICARDO A
Address	5515 MAGGIORE STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	DV
Name	STANLEY, S. ALAN
Address	10280 SW 128 STREET
City-State-Zip:	MIAMI FL 33176

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: MICHAEL WALKER PARTNER 01/22/2015

Electronic Signature of Signing Officer/Director Detail — Date