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: RITA LOVELESS

Electronic Signature of Signing Officer/Director Detail

FEI Number: 45-3046762

Entity Name: LANDR ENTERPRISES, INC.

Current Principal Place of Business:

Name and Address of Current Registered Agent:

LOVELESS, RITA A 16540 POINTE VILLAGE DR. 105 LUTZ, FL 33558 US

16540 POINTE VILLAGE DR.

Current Mailing Address: 16540 POINTE VILLAGE DR LUTZ, FL 33538 US

LUTZ, FL 33558

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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 | PTD | | |
|-----------------|--------------------|--------|---|
| Name | LOVELESS | , RITA | А |
| Address | 21444 NORTHWOOD DR | | |
| City-State-Zip: | LUTZ FL 33549 | | |

Certificate of Status Desired: No

02/13/2013

FILED Feb 13, 2013 Secretary of State CC1988995473

Date

Date