

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000016038

Entity Name: SAI FL HC2, INC.**Current Principal Place of Business:**4401 COLWICK ROAD
CHARLOTTE, NC 28211**Current Mailing Address:**4401 COLWICK ROAD
CHARLOTTE, NC 28211 US**FEI Number:** 59-3501021**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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 P/D
Name SMITH, B. SCOTT
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title VP/D
Name SMITH, DAVID B.
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title S
Name COSS, STEPHEN K
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title VP
Name DYKE, JEFF
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title T/VP/D
Name BYRD, HEATH R
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title ASAT
Name O'CONNOR, JOSEPH D JR.
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title VP
Name RUSS, JOHN E III
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title AS
Name BEGANE, GLENN
Address 4241 N. JOHN YOUNG PARKWAY
City-State-Zip: ORLANDO FL 32804

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: JOSEPH D. O'CONNOR, JR.

ASAT

12/18/2015

Electronic Signature of Signing Officer/Director Detail

Date