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.

TREASURER

SIGNATURE: HOWARD D ROSEN

DOCUMENT# S19076

Entity Name: DONLEVY-ROSEN & ROSEN, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

2121 PONCE DE LEON BLVD SUITE 320 CORAL GABLES, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD SUITE 320 CORAL GABLES, FL 33134 US

FEI Number: 65-0232813

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ROSEN, HOWARD DESQ. 2121 PONCE DE LEON BLVD SUITE 320 CORAL GABLES, FL 33134 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:

Officer/Director Detail ·

Office/Director Detail :				
Title	TD	Title	PD	
Name	ROSEN, HOWARD DESQ.	Name	DONLEVY-ROSEN, PATRICIA AESQ.	
Address	2121 PONCE DE LEON BLVD - SUITE 320	Address	2121 PONCE DE LEON BLVD - SUITE 320	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

Certificate of Status Desired: No

01/11/2018

Date

FILED Jan 11, 2018 Secretary of State CC7644336472

Electronic Signature of Signing Officer/Director Detail