that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN T WINKLER

Electronic Signature of Signing Authorized Person(s) Detail

JACKSONVILLE, FL 32223 **Current Mailing Address:**

Current Principal Place of Business:

13028 NORMEDS ROAD JACKSONVILLE, FL 32223

DOCUMENT# L02000021565

13028 NORMEDS ROAD

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

Entity Name: 1780 SAN MARCO BOULEVARD, LLC

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

WINKLER, JOHN T 13028 NORMEDS ROAD JACKSONVILLE, FL 32223 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	: JOHN T WINKLER			09/25/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	WINKLER, JOHN T	Name	WINKLER, JUDITH C	
Address	13028 NORMEDS ROAD	Address	13028 NORMEDS ROAD	
City-State-Zip:	JACKSONVILLE FL 32223	City-State-Zip:	JACKSONVILLE FL 32223	

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

MANAGER

09/25/2017 Date

FILED Sep 25, 2017 Secretary of State CR1301426046

Certificate of Status Desired: No