Current Principal Place of Business:
7337 NE 8TH DRIVE
BOCA RATON, FL 33487

Current Mailing Address:
7337 NE 8TH DRIVE
BOCA RATON, FL 33487 US

FEI Number: 20-4736203
Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:
LYNN, SANDRA TESQ.
830 N. KROME AVENUE
HOMESTEAD, FL 33030 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

Authorized Person(s) Detail:

<table>
<thead>
<tr>
<th>Title</th>
<th>MGR</th>
<th>Name</th>
<th>MOLONEY, THOMAS E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>MGR</td>
<td>Name</td>
<td>MOLONEY, THOMAS E</td>
</tr>
<tr>
<td>Address</td>
<td>7337 NE 8TH DRIVE</td>
<td>Address</td>
<td>221 TUCKERMAN AVE.</td>
</tr>
<tr>
<td>City-State-Zip: BOCA RATON FL 33487</td>
<td>City-State-Zip: MIDDLETOWN RI 02842</td>
<td></td>
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</tr>
</tbody>
</table>

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

SIGNATURE: THOMAS E. MOLONEY MANAGER 01/08/2014
Electronic Signature of Signing Authorized Person(s) Detail Date