**Current Principal Place of Business:**
6321 DANIELS PKWY
SUITE 200
FT. MYERS, FL 33912

**Current Mailing Address:**
6321 DANIELS PKWY
SUITE 200
FT. MYERS, FL 33912 US

**FEI Number:** 20-5540320  
**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHLBORN, JELENA</td>
<td>6321 DANIELS PKWY</td>
<td>FT. MYERS FL 33912</td>
</tr>
</tbody>
</table>

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:** JELENA AHLBORN  
Electronic Signature of Registered Agent  
Date: 03/06/2020

**Authorized Person(s) Detail :**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>MGRM</td>
<td>DOSORETZ, DANIEL E</td>
<td>6321 DANIELS PKWY</td>
<td>FT. MYERS FL 33912</td>
</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:** DANIEL DOSORETZ  
Electronic Signature of Signing Authorized Person(s) Detail  
Date: 03/06/2020