| PALMBEAC | H GARDENS, FL 33418 | | | |
|--------------------------------------|--|-----------------------------------|--|------------|
| Current I | Mailing Address: | | | |
| | VERA PLACE ACH GARDENS, FL 33418 US | | | |
| FEI Number: 35-2385429 | | | Certificate of Status Desired: Yes | |
| Name an | d Address of Current Registered Ager | nt: | | |
| 119 TALAV | MITHRA VATTIGUNTA ERA PLACE CH GARDENS, FL 33418 US | | | |
| The above na | amed entity submits this statement for the purpose of char | nging its registered office or re | egistered agent, or both, in the State of Fl | lorida. |
| SIGNATURE: SUMITHRA VATTIGUNTA GOPAL | | | | 01/23/2016 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorize | ed Person(s) Detail : | | | |
| Title | MGRM | Title | CHAIRMAN | |
| Name | VATTIGUNTA, LOKESH V | Name | GOPAL, SUMITHRA VATTIGU | NTA |

Address

119 TALAVERA PLACE City-State-Zip: PALMBEACH GARDENS FL 33418

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: LOKESH V VATTIGUNTA

MGRM

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000033703

Entity Name: NAMO 4"LLC"

Current Principal Place of Business:

119 TALAVERA PLACE

City-State-Zip: PALMBEACH GARDENS FL 33418

119 TALAVERA PLACE

Address

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 23, 2016 Secretary of State CC0595639388

Date