2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000099635

Entity Name: 3LOX, LLC

Current Principal Place of Business:

7791 NW 46TH STREET SUITE 219 DORAL, FL 33166

Current Mailing Address:

7791 NW 46TH STREET SUITE 219 DORAL, FL 33166 US

FEI Number: 27-3523489

Name and Address of Current Registered Agent:

RESTREPO, FEDERICO 7791 NW 46TH STREET SUITE 219 DORAL, FL 33166 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

Authorized Person(s) Detail :

| Authorized Person(s) Detail : | | | |
|-------------------------------|----------------------------------|-----------------|----------------------------------|
| Title | MGRM | Title | MGRM |
| Name | RESTREPO, FEDERICO | Name | URRUTIA, MARIA P |
| Address | 7791 NW 46TH STREET SUITE 219 | Address | 7791 NW 46TH STREET SUITE 219 |
| City-State-Zip: | DORAL FL 33166 | City-State-Zip: | DORAL FL 33166 |
| Title | COO | | |
| Name | ALVAREZ, AMADO | | |
| Address | 7791 NW 46TH STREET SUITE 219 | | |
| City-State-Zip: | DORAL FL 33166 | | |

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: FEDERICO RESTREPO

MGRM

03/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date