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

SIGNATURE: ANTHONY V. INGOGLIA

Electronic Signature of Signing Authorized Person(s) Detail

INGOGLIA, ANTHONY V 4014 OVERLOOK DRIVE NE PALM BAY, FL 32905 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:

Title MGR Title MGR BENNRUBI, KHEVA Name INGOGLIA, ANTHONY V Name 4014 OVERLOOK DRIVE NE Address 4014 OVERLOOK DRIVE NE Address City-State-Zip: PALM BAY FL 32905 City-State-Zip: PALM BAY FL 32905

DOCUMENT# L11000028606

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: RESILIENT INNOVATIONS LLC

Current Principal Place of Business:

4014 OVERLOOK DRIVE NE PALM BAY, FL 32905

Current Mailing Address:

4014 OVERLOOK DRIVE NE PALM BAY, FL 32905 US

FEI Number: 45-2047259

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent Authorized Person(s) Detail :

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 608, Florida Statutes; and

MANAGER

03/22/2013

Date

FILED Mar 22, 2013 Secretary of State CC3147863577

Date

Certificate of Status Desired: No