| FEI Number: 59-2881904   |  |                 | Certificate of Status Desired: No |            |
|--|--|-----------------|-----------------------------------|------------|
| Name and Address of Current Registered Agent:  |  |                 |                                   |            |
| SIKORSKE, CAROLINE B<br>307 SOUTH MAGNOLIA AVENUE<br>TAMPA, FL 33606 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  | CAROLINE BLACK SIKORSKE                  |                 |                                   | 01/14/2014 |
|  | Electronic Signature of Registered Agent |                 |                                   | Date       |
| Authorized Person(s) Detail :  |  |                 |                                   |            |
| Title  | MS.                                      | Title           | MR.                               |            |
| Name   | SIKORSKE, CAROLINE B                     | Name            | CABALLERO, ALEXANDER              |            |
| Address  | 307 S. MAGNOLIA AVENUE                   | Address         | 307 S. MAGNOLIA AVENUE            |            |
| City-State-Zip:  | TAMPA FL 33606                           | City-State-Zip: | TAMPA FL 33606                    |            |
| Title  | MS.                                      |                 |                                   |            |
| Name   | MASON, MIRIAM E                          |                 |                                   |            |
| Address  | 307 S. MAGNOLIA AVENUE                   |                 |                                   |            |
| City-State-Zip:  | TAMPA FL 33606                           |                 |                                   |            |

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: CAROLINE B. SIKORSKE

Electronic Signature of Signing Authorized Person(s) Detail

TAMPA, FL 33606

307 SOUTH MAGNOLIA AVENUE

DOCUMENT# L11000044025

## **Current Mailing Address:**

307 SOUTH MAGNOLIA AVENUE TAMPA FL 33606

**Current Principal Place of Business:** 

Entity Name: MAGNOLIA AVENUE PROPERTY, LLC

# FILED Jan 14, 2014 **Secretary of State** CC2177615848

01/14/2014

MANAGING PARTNER

Date