

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000056179

**Entity Name:** WYNELL CHAMBERS LLC

**Current Principal Place of Business:**

3030 N. ROCKY POINT DRIVE, STE 150A  
TAMPA, FL 33607

**Current Mailing Address:**

3030 N. ROCKY POINT DRIVE, STE 150A  
TAMPA, FL 33607 US

**FEI Number:** 45-2244542

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC  
3030 N. ROCKY POINT DRIVE, STE 150A  
TAMPA, FL 33607 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:** BILL HAVRE

12/10/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                     |                 |                                     |
|-----------------|-------------------------------------|-----------------|-------------------------------------|
| Title           | CFO                                 | Title           | EXECUTIVE VICE PRESIDENT            |
| Name            | HUDSON, LAKEITH                     | Name            | SMITH, LISA                         |
| Address         | 3030 N. ROCKY POINT DRIVE, STE 150A | Address         | 3030 N. ROCKY POINT DRIVE, STE 150A |
| City-State-Zip: | TAMPA FL 33607                      | City-State-Zip: | TAMPA FL 33607                      |
| Title           | EXECUTIVE VICE PRESIDENT            |                 |                                     |
| Name            | ALEXANDER, ADRIANNE                 |                 |                                     |
| Address         | 3030 N. ROCKY POINT DRIVE, STE 150A |                 |                                     |
| City-State-Zip: | TAMPA FL 33607                      |                 |                                     |

*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:** LAKEITH HUDSON

CFO

12/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date