that my name appears above, or on an attachment with all other like empowered. 01/25/2014

SIGNATURE: LOUIS G. MACDOWELL

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L11000085882

Entity Name: BURR-MACDOWELL COMMACK, LLC

Current Principal Place of Business:

481 SAILFISH COVE SATELLITE BEACH. FL 32937

Current Mailing Address:

481 SAILFISH COVE SATELLITE BEACH. FL 32937

FEI Number: 11-6136298

Name and Address of Current Registered Agent:

MACDOWELL, LOUIS GIII 481 SAILFISH COVE SATELLITE BEACH, FL 32937 US

FILED Jan 25, 2014 Secretary of State CC9973631597

Certificate of Status Desired: Yes

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 :

| Title | MR. | Title | MR. |
|-----------------|--------------------------|-----------------|--------------------|
| Name | MACDOWELL, LOUIS GIII | Name | BURR, CARLL SIII |
| Address | 481 SAILFISH COVE | Address | 64 MARINER'S LANE |
| City-State-Zip: | SATELLITE BEACH FL 32937 | City-State-Zip: | NORTHPORT NY 11768 |

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

MANAGING MEMBER

Date