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.

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: ANDREW M REED

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:
Title AUTHORIZED MEMBER
Name BORDEN, RANDY J
Address 202 N. MASSACHUSETTS AVE.
City-State-Zip: LAKELAND FL 33801

SIGNATURE: RANDY J. BORDEN

Electronic Signature of Signing Authorized Person(s) Detail Date

AUTHORIZED MEMBER Date