| El Numb | Certificate of Statu | | |
|-------------|--|--------------------------------------|-------------------------------------|
| ame and | d Address of Current Registered Ag | gent: | |
| | KE IDER WAY LE-BY-THE-SEA, FL 33062 US | | |
| ne above na | med entity submits this statement for the purpose of | changing its registered office or re | egistered agent, or both, in the St |
| IGNATU | RE: | | |
| | Electronic Signature of Registered Ager | nt | |
| uthorize | ed Person(s) Detail : | | |
| tle | MGRM | Title | AUTHORIZED MEMBEI |
| ame | MULKA, MIKE | Name | GRAVES, RODGER |
| ddress | 3240 OLEANDER WAY | Address | 3240 OLEANDER WAY |

DOCUMENT# L13000016574 Entity Name: THE AIMPOINT GROUP, LLC

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

3240 OLEANDER WAY LAUDERDALE-BY-THE-SEA, FL 33062

Current Mailing Address:

3240 OLEANDER WAY LAUDERDALE-BY-THE-SEA. FL 33062

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The State of Florida.

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Au

| Title | MGRM | Title | AUTHORIZED MEMBER |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Name | MULKA, MIKE | Name | GRAVES, RODGER |
| Address | 3240 OLEANDER WAY | Address | 3240 OLEANDER WAY |
| City-State-Zip: | LAUDERDALE-BY-THE-SEA FL 33062 | City-State-Zip: | LAUDERDALE-BY-THE-SEA FL 33062 |

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: MIKE MULKA

01/12/2015 MANAGING MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Jan 12, 2015 **Secretary of State** CC6992692657

Date

us Desired: No