#### Electronic Signature of Signing Authorized Person(s) Detail

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

SIGNATURE: AUTUMN BERRANG

ADVOS LEGAL PLLC 5000 SAWGRASS VILLAGE DR.

SUITE 7 PONTE VEDRA BEACH, FL 32082 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	: WHITNEY HARPER			04/27/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	VERB VENTURES, LLC	Name	TRIPLE STAMP, LLC	
Address	320 1ST STREET NORTH SUITE 707	Address	320 1ST STREET NORTH SUITE 707	
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 3	2250

Entity Name: ADJECTIVE & COMPANY, LLC

320 1ST STREET NORTH SUITE 707 JACKSONVILLE BEACH, FL 32250

### **Current Mailing Address:**

320 1ST STREET NORTH SUITE 707 JACKSONVILLE BEACH, FL 32250 US

### FEI Number: 46-4388579

## Name and Address of Current Registered Agent:

VENTURES, LLC

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

FILED Apr 27, 2018 Secretary of State CC4450875431

Certificate of Status Desired: No

04/27/2018

MANAGER OF VERB

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

DOCUMENT# L13000177162