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

SIGNATURE: JULIAN STROLENY, ESQ.

Electronic Signature of Signing Authorized Person(s) Detail

STROLENY, JULIAN V ESQ 601 SW 29 ROAD MIAMI, FL 33129 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	STROLENY, JULIAN V ESQ.	Name	PAGAN, CHRISTOPHER D ESQ
Address	601 SW 29 ROAD	Address	1541 LANTANA DRIVE
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	WESTON FL 33326

Certificate of Status Desired: No

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 03/22/2016

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000023187

Entity Name: PAGAN & STROLENY, P.L.

Current Principal Place of Business:

ONE NE 2ND AVENUE SUITE 200 MIAMI, FL 33132

Current Mailing Address:

ONE NE 2ND AVENUE SUITE 200 MIAMI, FL 33132

FEI Number: 46-5169049

Name and Address of Current Registered Agent:

MANAGER

Date

Date

FILED Mar 22, 2016 Secretary of State CC9138297808