**Entity Name:** KEAVY’S CORNER L.L.C.  
**Current Principal Place of Business:**  
168 MCCOY DRIVE  
LAKE PLACID, FL 33852  
**Current Mailing Address:**  
168 MCCOY DRIVE  
LAKE PLACID, FL 33852 US

**FEI Number:** 46-4960493  
**Certificate of Status Desired:** Yes  
**Name and Address of Current Registered Agent:**  
PARDEE, STEPHEN D  
168 MCCOY DRIVE  
LAKE PLACID, FL 33852 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:** STEPHEN D PARDEE  
Electronic Signature of Registered Agent  
03/01/2018

**Authorized Person(s) Detail:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>CEO</td>
<td>168 MCCOY DRIVE</td>
<td>LAKE PLACID FL 33852</td>
</tr>
<tr>
<td>Name</td>
<td>PARDEE, STEPHEN D</td>
<td>168 MCCOY DRIVE</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>PARDEE, KATHY J</td>
<td>168 MCCOY DRIVE</td>
<td></td>
</tr>
<tr>
<td>City-State-Zip</td>
<td>LAKE PLACID FL 33852</td>
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</tr>
</tbody>
</table>

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:** STEPHEN PARDEE  
Electronic Signature of Signing Authorized Person(s) Detail  
03/01/2018

**Title:** CEO  
**Name:** PARDEE, STEPHEN D  
**Address:** 168 MCCOY DRIVE  
**City-State-Zip:** LAKE PLACID FL 33852