| STATEN ISL | AND, NY 10308 | | | |
|---|---|-----------------------------------|--|----------------------|
| FEI Number: 47-3803256 | | | Certificate of Status Desired: Yes | |
| Name and A | ddress of Current Registered Agent: | | | |
| PARYS, BEVER 3046 DEL PRAE 1C5 CAPE CORAL, I | DO BLVD | | | |
| | | | | |
| The above named | l entity submits this statement for the purpose of changin | ng its registered office or regis | tered agent, or both, in the State of Flo | orida. |
| | l entity submits this statement for the purpose of changin BEVERLY PARYS | ng its registered office or regis | tered agent, or both, in the State of Flo | orida. 09/28/2017 |
| | | g its registered office or regis | tered agent, or both, in the State of Flo | |
| SIGNATURE | EVERLY PARYS | g its registered office or regis | tered agent, or both, in the State of Flo | 09/28/2017 |
| SIGNATURE | Electronic Signature of Registered Agent | g its registered office or regis | tered agent, or both, in the State of Flo | 09/28/2017 |
| SIGNATURE | Electronic Signature of Registered Agent Person(s) Detail : | | | 09/28/2017 |
| SIGNATURE Authorized I | Electronic Signature of Registered Agent Person(s) Detail : AR | Title | MGR | 09/28/2017 |
| SIGNATURE Authorized I ^{Title} Name | Electronic Signature of Registered Agent Person(s) Detail : AR VOTO, SHARON A 3917 AMBOY ROAD | Title Name | MGR VOTO, MARK F SR. 3917 AMBOY ROAD | 09/28/2017 |

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: SHARON VOTO

MANAGING PARTNER

09/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000109545

Entity Name: 4 LEAF PLOVER LLC

Current Principal Place of Business:

27725 OLD 41 ROAD BONITA SPRINGS. FL 34135

Current Mailing Address:

FILED Sep 28, 2017 Secretary of State CR2566833243

Date