2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000134181

Entity Name: DOCSCONNECT LLC

FILED Sep 30, 2015 Secretary of State CR8987634303

Current Principal Place of Business:

1101 NORTH LAKE DESTINY DRIVE SUITE 300

MAITLAND, FL 32752

Current Mailing Address:

1101 NORTH LAKE DESTINY DRIVE SUITE 300 MAITLAND, FL 32751 US

FEI Number: 47-4166769 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATHEWS, DON 1850 BOY SCOUT DRIVE FORT MYERS, FL 33919 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: DONALD E. MATHEWS 09/30/2015

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title AMBR Title AMBR

Name JONES, LARRY Name GLOVER, PAMELA

Address 1101 NORTH LAKE DESTINY RD STE Address 1101 N. LAKE DESTINY DR, SUITE 300

300

City-State-Zip: MAITLAND FL 32751 City-State-Zip: MAITLAND FL 32751

Title AMBR Title MGR

Name COLE, BRYAN Name JONES, LARRY

Address 1101 N. LAKE DESTINY DR, SUITE 300 Address 1101 NORTH LAKE DESTINY RD STE

300

City-State-Zip: MAITLAND FL 32751 City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

Name COLE, BRYAN Name GLOVER, PAMELA

Address 1101 NORTH LAKE DESTINY DRIVE Address 1101 NORTH LAKE DESTINY DRIVE

SUITE 300 SUITE 300

City-State-Zip: MAITLAND FL 32752 City-State-Zip: MAITLAND FL 32752

Title AUTHORIZED MEMBER

Name JONES, LARRY

Address 1101 NORTH LAKE DESTINY DRIVE

SUITE 300

City-State-Zip: MAITLAND FL 32752

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: PAMELA GLOVER CEO 09/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date