| bove named                 | entity submits this statement for the purpose of changing its I | registered office or regis | tered agent, or both, in the State of Flori | da.      |  |
|----------------------------|-----------------------------------------------------------------|----------------------------|---------------------------------------------|----------|--|
| NATURE                     | : PATRICK M BURNS CPA                                           |                            |                                             | 02/18/20 |  |
|                            | Electronic Signature of Registered Agent                        |                            |                                             | Date     |  |
| norized Person(s) Detail : |                                                                 |                            |                                             |          |  |
|                            | MGR                                                             | Title                      | MGR                                         |          |  |
| е                          | HAMILTON, WILLIAM K                                             | Name                       | HAMILTON, LOIS R                            |          |  |
| ess                        | KENTMERE, ZEAL MONACHORUM                                       | Address                    | KENTMERE, ZEAL MONACHOR                     | UM       |  |
| State-Zip:                 | CREDITON, DEVON UK EX17-6DF                                     | City-State-Zip:            | CREDITON, DEVON UK EX17-6                   | 6DF      |  |
|                            | MGR                                                             |                            |                                             |          |  |
| e                          | HAMILTON, KATY V                                                |                            |                                             |          |  |
| ess                        | 20 LANSDOWNE ROAD                                               |                            |                                             |          |  |
| State-Zip:                 | UXBRIDGE, MIDDLESEX UK UB8 3-                                   |                            |                                             |          |  |

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.

MR

SIGNATURE: WILLIAM KENNETH HAMILTON

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: HAMILTON FIRST, LLC

# **Current Principal Place of Business:**

1918 HILLCREST STREET ORLANDO, FL 32803

### **Current Mailing Address:**

DOCUMENT# L15000029033

**1918 HILLCREST STREET** ORLANDO, FL 32803

### FEI Number: 47-3864879

### Name and Address of Current Registered Agent:

BURNS, PATRICK M CPA **1918 HILLCREST STREET** ORLANDO, FL 32803 US

| SIGNATURE                     | E PATRICK M BURNS CPA                    |                 | 02/18/2019                  |  |  |  |
|-------------------------------|------------------------------------------|-----------------|-----------------------------|--|--|--|
|                               | Electronic Signature of Registered Agent |                 | Date                        |  |  |  |
| Authorized Person(s) Detail : |                                          |                 |                             |  |  |  |
| Title                         | MGR                                      | Title           | MGR                         |  |  |  |
| Name                          | HAMILTON, WILLIAM K                      | Name            | HAMILTON, LOIS R            |  |  |  |
| Address                       | KENTMERE, ZEAL MONACHORUM                | Address         | KENTMERE, ZEAL MONACHORUM   |  |  |  |
| City-State-Zip:               | CREDITON, DEVON UK EX17-6DF              | City-State-Zip: | CREDITON, DEVON UK EX17-6DF |  |  |  |
| Title                         | MGR                                      |                 |                             |  |  |  |
| Name                          | HAMILTON, KATY V                         |                 |                             |  |  |  |
| Address                       | 20 LANSDOWNE ROAD                        |                 |                             |  |  |  |
| City-State-Zip:               | UXBRIDGE, MIDDLESEX UK UB8 3-<br>JP      |                 |                             |  |  |  |

FILED Feb 18, 2019 Secretary of State 8719863715CC

Certificate of Status Desired: Yes

02/18/2019 Date

## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT