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 und 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 that my name appears above, or on an attachment with all other like empowered.			
SIGNATURE: JULIE C CARNEVALE	MANAGING PARTNER	01/14/2019	

Electronic Signature of Signature Authority of Discover

DOCUMENT# L15000062339

Entity Name: CARNEVALE FAMILY LLC

## **Current Principal Place of Business:**

18109 GERACI ROAD LUTZ, FL 33548

## **Current Mailing Address:**

18109 GERACI ROAD LUTZ, FL 33548 US

## FEI Number: 47-3678135

## Name and Address of Current Registered Agent:

GARDNER, MERRITT A 5415 MARINER STREET SUITE 200 TAMPA, FL 33609 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	: MERRITT GARDNER			01/14/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	CARNEVALE, CHARLES	Name	CARNEVALE, JULIE	
Address	18109 GERACI ROAD	Address	18109 GERACI ROAD	
City-State-Zip:	LUTZ FL 33548	City-State-Zip:	LUTZ FL 33548	

Certificate o

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 14, 2019 Secretary of State 5506194667CC

Certificate of Status Desired: No

Date