2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000067975

Entity Name: THRIVE XPERIENCE, L.L.C.

Current Principal Place of Business:

1151 OFFICE WOODS DRIVE
PENSACOLA, FL 32504

Current Mailing Address:

1151 OFFICE WOODS DRIVE
PENSACOLA, FL 32504 US

FEI Number: 47-3716203

FILED
Nov 29, 2016
Secretary of State
CR3825451130

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REEVE, JOHN
1151 OFFICE WOODS DRIVE
PENSACOLA, FL 32504 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: JOHN REEVE 11/29/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR
Name	REEVE, JOHN
Address	1151 OFFICE WOODS DRIVE
City-State-Zip:	PENSACOLA FL 32504

Title	AMBR
Name	TOTH, ED
Address	6706 NORTH NINTH AVENUE SUITE E2
City-State-Zip:	PENSACOLA FL 32504

Title	AMBR
Name	REEVE, RACHEL
Address	1151 OFFICE WOODS DRIVE
City-State-Zip:	PENSACOLA FL 32504

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: JOHN REEVE AMBR 11/29/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date