2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000105975

Entity Name: AFLOWER, LLC

Current Principal Place of Business:

1320 PEACH ST. APOPKA, FL 32703

Current Mailing Address:

1320 PEACH ST. APOPKA, FL 32703 US

FEI Number: 47-4354498

Name and Address of Current Registered Agent:

NGUYEN, HIEP 517 HIBISCUS PL ORLANDO, FL 32807 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| Title | MGRM | Title | MGRM |
|-----------------|-----------------------|-----------------|------------------|
| Name | TRUONG, HAI | Name | NGUYEN, HIEP |
| Address | 1320 PEACH ST. | Address | 517 HIBISCUS PL |
| City-State-Zip: | APOPKA FL 32703 | City-State-Zip: | ORLANDO FL 32807 |
| | | | |
| | | | |
| Title | MGRM | | |
| Title Name | MGRM TRUONG, TAMMY | | |
| | - | | |
| Name | TRUONG, TAMMY | | |

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: HIEP NGUYEN

MANAGER

04/27/2016 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 27, 2016 Secretary of State CC7311418880

Certificate of Status Desired: No

Date