2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000187367

Entity Name: GOFOX, LLC

Current Principal Place of Business:

1140 KANE CONCOURSE 3RD FL BAY HARBOR, FL 33154

Current Mailing Address:

1140 KANE CONCOURSE 3RD FL BAY HARBOR, FL 33154 US

FEI Number: 47-5521324

Name and Address of Current Registered Agent:

ZION, ROSY J 10185 COLLINS AVENUE 309 BAL HARBOUR, FL 33154 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 :

| Authorized Ferson(s) Detail . | | | | | |
|-------------------------------|-----------------------------|-----------------|-----------------------------|--|--|
| Title | MGR | Title | MGR | | |
| Name | SALZHAUER, MICHAEL A | Name | ZION, ROSY | | |
| Address | 1140 KANE CONCOURSE, 3RD FL | Address | 1140 KANE CONCOURSE FL 3 | | |
| City-State-Zip: | BAY HARBOR FL 33154 | City-State-Zip: | BAY HARBOR ISLANDS FL 33154 | | |
| | | | | | |
| Title | MGR | | | | |
| Name | SHUJMAN, ROBERT H | | | | |
| Address | 1140 KANE CONCOURSE FL 3 | | | | |
| City-State-Zip: | BAY HARBOR ISLANDS FL 33154 | | | | |

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: ROSY ZION | MGR | 03/13/2018 |
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Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 13, 2018 Secretary of State CC6505457287

Certificate of Status Desired: No

Date

Date