# 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.

MANAGER

#### SIGNATURE: ROGER DUARTE

Electronic Signature of Signing Authorized Person(s) Detail

#### DOCUMENT# L16000037880

### Entity Name: 27 ENTREPRENEURS FLORIDA MANAGEMENT COMPANY LLC

# Current Principal Place of Business:

1200 BRICKELL AVENUE SUITE 1800 MIAMI, FL 33131

### **Current Mailing Address:**

1805 PONCE DE LEON BLVD PH510 CORAL GABLES, FL 33134

# FEI Number: 81-2501778

### Name and Address of Current Registered Agent:

SILVER SPOON SOLUTIONS 1805 PONCE DE LEON BLVD PH510 CORAL GABLES, FL 33134 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:

### Ele

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

TitleMGRName27 ENTREPRENEURS HOLDING LLCAddress1200 BRICKELL AVENUE SUITE 1800City-State-Zip:MIAMI FL 33131

FILED Apr 29, 2017 Secretary of State CC8974575513

Certificate of Status Desired: No

Date