| 4366 NW 120 AVE CORAL SPRINGS, FL 33065 | | | |
|---|--|--|-----------------------|
| FEI Number: 81-3910411 | | Certificate of Status Desired: No | |
| Name and Address of Current Registered | Agent: | | |
| IRIBARREN, RUBEN 4366 NW 120 AVE. CORAL SPRINGS, FL 33065 US | | | |
| | | | |
| The above named entity submits this statement for the purpo | e of changing its registered office or regis | stered agent, or both, in the State of F | lorida. |
| The above named entity submits this statement for the purpo SIGNATURE: RUBEN IRIBARREN | e of changing its registered office or regis | tered agent, or both, in the State of F | lorida. 04/27/2018 |
| | | tered agent, or both, in the State of F | |
| SIGNATURE: RUBEN IRIBARREN | | tered agent, or both, in the State of F | 04/27/2018 |
| SIGNATURE: RUBEN IRIBARREN Electronic Signature of Registered | | atered agent, or both, in the State of F | 04/27/2018 |
| SIGNATURE: RUBEN IRIBARREN Electronic Signature of Registered Authorized Person(s) Detail : | Agent | | 04/27/2018 |
| SIGNATURE: RUBEN IRIBARREN Electronic Signature of Registered Authorized Person(s) Detail : Title AMBR | Agent Title | AMBR | 04/27/2018 |

4366 NW 120 AVE

DOCUMENT# L16000175405

4366 NW 120 AVE

CORAL SPRINGS, FL 33065

Current Mailing Address:

Entity Name: AXION CONCEPT LLC

Current Principal Place of Business:

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: RUBEN IRIBARREN

PRESIDENT

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 27, 2018 Secretary of State CC1409730605

Date