that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE LARSON

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: K.A. OF APOPKA, LLC

DOCUMENT# L16000220706

Current Principal Place of Business:

7901 KINGSPOINTE PKWY SUITE 17 ORLANDO, FL 32819

Current Mailing Address:

7901 KINGSPOINTE PKWY SUITE 17 ORLANDO, FL 32819 US

FEI Number: 81-4953489

Name and Address of Current Registered Agent:

LARSON ACCOUNTING AND CONSULTING SERVICES 7901 KINGSPOINTE PKWY STE 17 ORLANDO, FL 32819 US

ORLANDO FL 32819

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.

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SIGNATURE:

Address

City-State-Zip:

Electronic Signature of Registered Agent Date Title AMBR Title AMBR LARSON, CAROLINE G A15 INVESTMENTS LLC Name Name 7901 KINGSPOINTE PKWY STE 17 6150 METROWEST BLVD SUITE 305B

Address City-State-Zip:

Authorized Person(s) Detail :

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

AMBR

FILED Nov 14, 2017 Secretary of State CC3607027377

Certificate of Status Desired: No

ORLANDO FL 32835

11/14/2017