

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000165636

**Entity Name:** THRIVE LAB LLC

**Current Principal Place of Business:**

2020 NORTH BAYSHORE DRIVE  
1801  
MIAMI, 33137

**Current Mailing Address:**

2020 NORTH BAYSHORE DRIVE  
1408  
MIAMI, FL 33137 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STAMON, BARRY  
2020 NORTH BAYSHORE DRIVE  
1801  
MIAMI, FL 33137 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:** BARRY STAMOS

10/18/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name STAMOS, BARRY  
Address 2020 NORTH BAYSHORE DRIVE  
1801  
City-State-Zip: MIAMI 33137

*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:** BARRY STAMOS

AUTHORIZED MEMBER

10/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date