that my name appears above, or on an attachment with all other like empowered. 01/17/2020

SIGNATURE: PATRICK NICOLINI

Electronic Signature of Signing Authorized Person(s) Detail

P.O. BOX 1801 DADE CITY, FL 33526 US

Current Principal Place of Business:

FEI Number: 65-0980610

Current Mailing Address:

DOCUMENT# L9900000952

6436 EAST COLONIAL DR ORLANDO, FL 32807

Name and Address of Current Registered Agent:

NICOLINI, PATRICK 20310 HERITAGE POINT DRIVE TAMPA, FL 33647 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: PATRICK NICOLINI

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| Title | MGR |
|-----------------|--------------------|
| Name | NICOLINI, PATRICK |
| Address | P.O. BOX 1801 |
| City-State-Zip: | DADE CITY FL 33526 |

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

VP

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: LOGSDON/NICOLINI OF ORLANDO LIMITED COMPANY

FILED Jan 17, 2020 Secretary of State 3337786279CC

Certificate of Status Desired: No

01/17/2020 Date

Date