# SIGNATURE: RON SWARTZ

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

City-State-Zip: TAMPA FL 33610

	Electronic Signature of Registered Agent					
uthoriz	zed Person(s) Detail :					
itle	VP	Title	CFO			

Authorized Person(s) Detail :					
Title	VP	Title	CFO		
Name	SWARTZ, RON	Name	SWARTZ, RON		
Address	4042 PARK OAKS BLVD - STE 300	Address	4042 PARK OAKS BLVD - STE 300		
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	TAMPA FL 33610		

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

## **Current Mailing Address:**

C/O 4042 PARK OAKS BLVD

**STE 300** 

TAMPA, FL 33610

C/O 4042 PARK OAKS BLVD **STE 300** TAMPA, FL 33610 US

DOCUMENT# M1400003804

**Current Principal Place of Business:** 

#### FEI Number: 35-2508913

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Entity Name: 1125 FLEMING PLANTATION BLVD LLC

#### FILED Apr 05, 2016 Secretary of State CC3517676968

Certificate of Status Desired: No

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:

Date