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

Electronic Signature of Signing Authorized Person(s) Detail

C/O

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

Electronic Signature of Registered Agent

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

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

Entity Name: 120 CHIPOLA AVENUE LLC

#### **Current Principal Place of Business:**

C/O 4042 PARK OAKS BLVD., SUITE 300 TAMPA, FL 33610

### **Current Mailing Address:**

4042 PARK OAKS BLVD., SUITE 300 TAMPA, FL 33610 US

### FEI Number: 32-0441581

## DOCUMENT# M1400003813

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

02/16/2017

FILED Feb 16, 2017 Secretary of State CC3302112211

Certificate of Status Desired: No

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 SIGNATURE: RON SWARTZ VICE PRESIDENT

Date