|  | ( DRIVE<br>GS, MS 39564   |                                   |  |            |
|--|---|-----------------------------------|--|------------|
| Current Mai  | ling Address:   |                                   |  |            |
| PO BOX 129   | 90  |                                   |  |            |
| OCEAN SPF  | RING, MS 39564  |                                   |  |            |
| FEI Number: 64-0807765                                       |   | Certificate of Status Desired: No |  |            |
| Name and A   | Address of Current Registered Agent:  |                                   |  |            |
| WALKER, HAR<br>5533 SW 64TH<br>GAINESVILLE,                  | STREET<br>FL 32608 US   |                                   |  |            |
| The above name   | d entity submits this statement for the purpose of changing its reg   | istered office or regis           | tered agent, or both, in the State of Flor | rida.      |
| SIGNATURE  | E: HAROLD M. WALKER   |                                   |  | 01/16/2015 |
|  |   |                                   |  |            |
|  | Electronic Signature of Registered Agent  |                                   |  | Date       |
| Officer/Dire   | 5 5 5   |                                   |  |            |
| <b>Officer/Dire</b><br>Title                                 | 5 5 5   | Title                             | DVP  |            |
|  | ctor Detail :   | Title<br>Name                     | DVP<br>JACOBS, JONATHAN W                  |            |
| Title  | ctor Detail :<br>DST  |                                   |  |            |
| Title<br>Name  | Ctor Detail :<br>DST<br>COLUCCI, ROBERT M<br>13515 N. STEMMONS FREEWAY  | Name                              | JACOBS, JONATHAN W<br>6525 SUNPLEX DRIVE   |            |
| Title<br>Name<br>Address                                     | Ctor Detail :<br>DST<br>COLUCCI, ROBERT M<br>13515 N. STEMMONS FREEWAY  | Name<br>Address                   | JACOBS, JONATHAN W<br>6525 SUNPLEX DRIVE   |            |
| Title<br>Name<br>Address<br>City-State-Zip:                  | Ctor Detail :<br>DST<br>COLUCCI, ROBERT M<br>13515 N. STEMMONS FREEWAY<br>DALLAS TX 75234   | Name<br>Address                   | JACOBS, JONATHAN W<br>6525 SUNPLEX DRIVE   |            |
| Title<br>Name<br>Address<br>City-State-Zip:<br>Title         | Ctor Detail :<br>DST<br>COLUCCI, ROBERT M<br>13515 N. STEMMONS FREEWAY<br>DALLAS TX 75234<br>DP   | Name<br>Address                   | JACOBS, JONATHAN W<br>6525 SUNPLEX DRIVE   |            |
| Title<br>Name<br>Address<br>City-State-Zip:<br>Title<br>Name | Ctor Detail :<br>DST<br>COLUCCI, ROBERT M<br>13515 N. STEMMONS FREEWAY<br>DALLAS TX 75234<br>DP<br>WALKER, HAROLD M<br>6525 SUNPLEX DRIVE | Name<br>Address                   | JACOBS, JONATHAN W<br>6525 SUNPLEX DRIVE   |            |

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAROLD M WALKER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F04000007230

Entity Name: SUPERIOR OPTICAL LABS, INC.

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

6525 SUNPLEX DRIVE

## Jan 16, 2015 **Secretary of State**

01/16/2015

PRESIDENT

FILED

CC9733322096

Date