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CP LAW-CORPORATE

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIVING WATER FIRE PROTECTION, LLC

Certificate of Status	0
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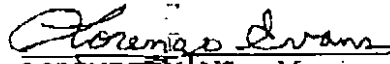
**STATEMENT OF AUTHORITY
FOR
LIVING WATER FIRE PROTECTION, LLC
(A Florida limited liability company)**

The undersigned, Lorenzo Evans, Member and Manager of Living Water Fire Protection, LLC (the "Company") and pursuant to §605.0302(1), *Florida Statutes*, submits the following statement of authority:

1. The name of the limited liability company is Living Water Fire Protection, LLC.
2. The Florida Document Number of the Company is L03000020609
3. The street address of the Company's principal office is 1160 McKenzie Road, Cantonment, FL 32533 and the Company's mailing address is 1160 McKenzie Road, Cantonment, FL 32533.
4. This statement of authority confirms that Gregory C. McGahan has been removed as a manager of the Company and that Gregory C. McGahan does not have any authority to act in any manner on behalf of the Company.
5. This statement of authority confirms that John Evans and Lorenzo Evans are the only two managers of the Company and that John Evans and Lorenzo Evans each have authority to act in any manner on behalf of the Company.

The undersigned Manager and Member of the Company, intending to be legally bound, has executed this Statement of Authority on the date set forth below:

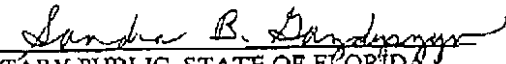
MEMBER and MANAGER:


LORENZO EVANS, as Manager and Member
Date: March 5, 2018

STATE OF FLORIDA
COUNTY OF Escambia

I, Sandra Gazdyszyn, a Notary Public in and for the said County in the State aforesaid, do hereby certify that LORENZO EVANS, known to me to be the same person whose name is subscribed to the foregoing instrument as Manager of Living Water Fire Protection, a Florida limited liability company, appeared before me this day in person and acknowledged that he, being thereunto duly authorized, signed, and delivered the said instrument as the free and voluntary act of said company, on behalf of the company, and as his own free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this 5 day of March, 2018.


NOTARY PUBLIC, STATE OF FLORIDA
(Name of Notary Public, Print, Stamp or
Type as Commissioned)

☒ Personally known to me, or
☐ Produced Identification

(Type of Identification Produced)

