

L130001245F9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

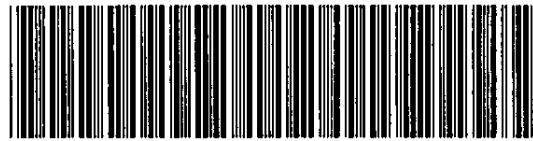
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2016 SEP 26 A 10:58
CLERK OF COURT
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 27 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIXON FAMILY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUSSELL I GEYER, JR

Name of Person

~~DIXON GEYER LLC~~

DIXON FAMILY LLC

Firm/Company

14725 BALGOWAN ROAD

Address

MIAMI LAKES FL 33016

City/State and Zip Code

rbgeyer@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUSSELL GEYER

305 821 2453
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2016 SEP 26 A 10:58
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIXON FAMILY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/03/2013 and assigned
Florida document number L13000124589.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EMILY F DIXON	10700 NW 36TH AVE, MIAMI F	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	GUY E DIXON III	10700 NW 36TH AVE, MIAMI F	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

25 SEP 2010
 TALLAHASSEE, FLORIDA
 STATE OF FLORIDA
 DEPARTMENT OF
 REVENUE

FILED
 10 SEP 2010

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

OUR MANAGING PARTNER, GUY E DIXON III IS DECEASED. ENCLOSED IS A COPY OF HIS
DEATH CERTIFICATE. PLEASE ADD HIS DAUGHTER EMILY F DIXON TO SUCCEED
HIM AS MANAGING MEMBER. ENCLOSED IS A COPY OF HIS REVOCABLE TRUST SHOWING
EMILY DIXON AS HIS SUCCESSOR TRUSTEE AS WELL AS A COPY OF HER POWER OF
ATTORNEY.

FILED
2016 SEP 21 A 10:58
CLERK OF SUPERIOR COURT
FIDELITY NATIONAL

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 15, 2016.



Signature of a member or authorized representative of a member

EMILY F DIXON

Typed or printed name of signer

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

AUG 03 2016

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER **142-16-109963**

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		2. DATE OF DEATH (Actual or Presumed)	
GUY EDWIN DIXON III		JULY 29, 2016	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE - Last Birthday (Years)	6. UNDER 1 YEAR
MALE	FEBRUARY 22, 1946	70	Under 1 Year
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH	9. SURVIVING SPOUSE'S NAME (If wife, give name prior to final marriage)
263-80-3063		<input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	MIAMI, FL
10a. RESIDENCE STREET ADDRESS		10b. APT., BLD.,	10c. CITY OR TOWN
6011 MAIN STREET		126	MIAMI LAKES
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?
MIAMI-DADE	FLORIDA	33014	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE	
GUY EDWIN DIXON II		ADAGENE BOWMAN	
13. PLACE OF DEATH (CHECK ONLY ONE)			
<input checked="" type="checkbox"/> Death occurred in a hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Euthanasia <input type="checkbox"/> DCA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct no.)	
HARRIS		HOUSTON, 77030	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED		18. MAKING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	
ZACHARY DIXON - SON		14610 BULL RUN ROAD # 233, MIAMI LAKES, FL 33014	
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)	
MILLER FUNERAL SERVICE AND CREMATION SOCIETY OF TX		HOUSTON, TX	
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
MILLER FUNERAL SERVICES & CREMATION SOCIETY OF TX		7723 BEECHNUT, HOUSTON, TX 77074	
26. CERTIFIER (Check only one)			
<input checked="" type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated <input type="checkbox"/> Medical Examiner/Office of the Forensic - On the basis of examination, autopsy investigation, or my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated			
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER
LORETTA NASTOUPIL, BY ELECTRONIC SIGNATURE		AUGUST 1, 2016	P6877
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		32. TITLE OF CERTIFIER	
LORETTA NASTOUPIL, 1515 HOLCOMBE BLVD., HOUSTON, TX 77030-4009		MD	
33. PART 1. ENTER THE "IMMEDIATE CAUSE" - DISEASE, TRAUMA, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Approximate interval from onset to death	
a. DIFFUSE LARGE B-CELL LYMPHOMA		3 MONTHS	
b. ASPERGILLOSIS OF THE BRAIN		2 MONTHS	
c. VANCOMYCIN RESISTANT ENTEROCOCCAL BACTEREMIA		1 MONTH	
d. PNEUMONIA		1 MONTH	
34. WAS AN AUTOPSY PERFORMED?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. MANNER OF DEATH			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:		40. DATE OF INJURY (mm-dd-yyyy)	
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. TIME OF INJURY	
42. INJURY AT WORK?		43. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
44. LOCATION (Street and Number, City, State, Zip Code)			
45. COUNTY OF INJURY			
46. DESCRIBE HOW INJURY OCCURRED			
47a. REGISTRAR FILE NO.	47b. DATE RECEIVED BY LOCAL REGISTRAR	47c. REGISTRAR	
0213392	AUGUST 3, 2016	REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED	
EDR NUMBER 00C001942380			

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be \$10,000 in prison and a fine up to \$10,000, Health and Safety Code, Sec. 195, 198b

Q A 0 8 3 8 2 8 6 1

VS-112 REV 12/2006

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED AUG 04 2016

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

GERALDINE R. HARRIS
STATE REGISTRAR

LHA



**THE GUY E. DIXON III
REVOCABLE TRUST
Dated May 4, 2016**

THE GUY E. DIXON III REVOCABLE TRUST

I, **GUY E. DIXON III**, as Settlor and as Trustee, hereby create the Guy E. Dixon III Revocable Trust. The property originally transferred to the Trustee under the Revocable Trust, and all investment and reinvestments thereof and additions thereto, shall be referred to as the "trust estate" and the trust estate shall be held and administered as provided in this instrument.

ARTICLE I. **ADMINISTRATION DURING MY LIFETIME**

During my lifetime, the Trustee shall administer the trust estate as follows:

1.1. Distributions During My Lifetime. The Trustee shall pay so much or all of the net income and principal of the trust estate to me or for my benefit as I direct. If at any time or times I am unable to manage my affairs, the Trustee shall use such sums from the net income and principal of the trust estate as the Trustee deems necessary or advisable for my health, maintenance or support, or for any other purpose the Trustee considers to be for my best interests.

1.2. Right to Amend or Revoke. I may amend or revoke this instrument in whole or in part at any time or times by instrument in writing delivered to the Trustee. The property to which any revocation relates shall be distributed and conveyed to me as I direct.

ARTICLE II. **ADMINISTRATION AT MY DEATH**

The Trustee, as of my death, shall administer the trust estate as follows:

2.1. Distributions. After providing for the payments set forth in section 2.2 below, the Trustee shall divide and distribute the balance of the trust estate in equal shares among my children who survive me. I have three children: ZACHARY G. DIXON, LUKE E. DIXON and EMILY F. DIXON. If a child does not survive me but has one or more descendants who do survive me, the deceased child's share shall be distributed per stirpes to such descendants.

2.2. Payment of Expenses and Debts. The Trustee shall first pay from the trust estate my funeral expenses, claims allowable against my estate, costs of the administration of my estate, and any estate and any inheritance taxes assessed by reason of my death; except that no assets which are otherwise exempt from creditors' claims shall be used to pay any claims allowable against my estate.

ARTICLE III.
SUCCESSOR TRUSTEES

3.1. Successor Trustee. If GUY E. DIXON III should cease to serve as Trustee, EMILY F. DIXON is appointed as successor Trustee.

3.2. Special Voting Rights. If an ownership interest in Panelfold, Inc., Dixon-Geyer, LLC, or Dixon Family LLC, is held as part of the trust estate and Guy E. Dixon III is living but is unable to manage his affairs, then for all purposes the Trustee shall vote any such interest according to the decision of a majority of his then living children. If Guy E. Dixon III is not living and any portion of such interest has not yet been distributed to a child as provided in 2.1 above, then for all purposes each child shall have the right to independently vote the portion of the interest that is to be distributed to the child and the Trustee shall vote such one-third (1/3) interest accordingly.

3.3. Power to Appoint Additional and/or Successor Trustees. GUY E. DIXON III may appoint additional and/or successor Trustees under this instrument. If GUY E. DIXON III is unable to act, ZACHARY G. DIXON, LUKE E. DIXON and EMILY F. DIXON, acting as a majority, may appoint additional and/or successor Trustees under this instrument. Any individual, bank or trust company may be appointed as additional and/or successor Trustee, whether located or domiciled in Florida or elsewhere. The appointment of an additional or successor Trustee shall be by an instrument in writing delivered to the Trustee so appointed and also to any acting Trustee, such appointment to become effective on the date specified in such instrument.

3.4. Power to Remove Trustees. The person or persons who may appoint additional and/or successor Trustees of a particular trust under this instrument may remove the Trustee of such trust, with or without cause, by an instrument in writing delivered to the Trustee so removed. Any such removal shall be effective on the date specified in such instrument.

3.5. Resignation. Any Trustee may resign at any time by written notice to any other Trustee and to me if living, otherwise to each beneficiary then entitled to receive or have the benefit of the income from the trust.

3.6. Inability to Serve as Trustee. Any individual named to serve or serving as a Trustee under this instrument shall not serve or shall cease to serve as a Trustee following a determination that such individual is unable to manage his or her affairs. Further, any individual having the power to appoint and/or remove a Trustee shall be deemed unable to act following a renunciation of such power, a determination that such individual is unable to manage his or her affairs or such individual's death.

3.7. Powers of Successor Trustees. Every successor Trustee shall have all the powers given the originally-named Trustee. No successor Trustee shall be personally liable for any act or omission of any predecessor.

3.8. Waiver of Bond. No Trustee wherever acting shall be required to give bond or surety or be appointed by or account for the administration of any trust to any court.

3.9. Trustee. The terms "Trustee" and "Trustees" and the pronouns therefor shall mean the Trustee or Trustees from time to time qualified and acting and shall be construed as masculine, feminine or neuter, and in the singular or plural, as the sense requires.

ARTICLE IV. ADMINISTRATIVE PROVISIONS

The following provisions shall apply to each trust under this instrument:

4.1. Inability to Manage One's Affairs. Any person shall be deemed "unable to manage [his or her] affairs" under this instrument if (1) two physicians licensed to practice medicine in the jurisdiction in which the person resides sign a statement to that effect, (2) such person has been adjudicated incapacitated, or (3) such person is under a legal disability.

4.2. Decisions by Multiple Trustees. If there is more than one Trustee serving under this instrument, the decision of a majority of the Trustees shall be required with respect to any question arising in the administration of such trust. A dissenting Trustee shall have no liability for participating in or carrying out the acts of the controlling Trustee. The provisions of this section are subject to the special voting provisions under section 3.2 herein.

4.3. Delegation. A Trustee may at any time or times by a writing delivered to another Trustee delegate to such Trustee any or all of his or her powers. The statement of any Trustee of a trust under this instrument as to whether another Trustee is acting or has delegated to it any or all of his or her powers shall fully protect all persons dealing with such trust under this instrument.

4.4. Distributions to Minors and Incapacitated Persons. If any amounts distributable under this instrument become payable to a minor beneficiary or to a beneficiary who is unable to manage his or her affairs, then such amounts shall be paid in such of the following ways as the Trustee deems best: (1) to the beneficiary directly; (2) to the natural guardian, to the legally-appointed guardian or conservator or to the custodian under a Uniform Gifts or Transfers to Minors Act for the beneficiary; or (3) by the Trustee for the beneficiary's health, education, support or maintenance.

4.5. Spendthrift Provision. The interest of a beneficiary in principal or income shall not be subject to legal process or to the claims of any creditor, any spouse for alimony or support, or others, and may not be voluntarily or involuntarily alienated or encumbered.

4.6. Reimbursement and Compensation of Trustee. The Trustee shall be reimbursed for all reasonable expenses incurred in the management and protection of the trust. Any individual Trustee may receive reasonable compensation for his or her services.

4.7. Governing Law. The law of Florida shall govern the validity and interpretation of the provisions of this instrument.

4.8. Captions for Convenient Reference Only. Captions provided in this instrument are intended for convenience only and shall not be construed as interpretations of text.

ARTICLE V. **TRUSTEE POWERS**

The Trustee of any trust under this instrument shall have all powers granted to trustees under the laws of the State of Florida as well as the following powers:

5.1. To Deal with Trust Property. To sell at public or private sale, contract to sell, convey, exchange, lease, transfer and otherwise deal with the trust property, real or personal, for such price and upon such terms as the Trustee sees fit;

5.2. To Invest Trust Property. To invest and reinvest the trust property in bonds, stocks, mortgages, notes, futures contracts, options and other derivative securities or other property of any kind, real or personal, suitable for the investment of trust funds, and to open and maintain margin accounts for the purpose of making such investments;

5.3. To Borrow and Pledge Trust Property. To borrow money from any lender, extend or renew any existing indebtedness and to mortgage or pledge any property in the trust;

5.4. To Distribute in Cash or Kind. To distribute income and principal in cash or in kind, or partly in each, and to allocate or distribute undivided interests or different assets or disproportionate interests in assets; to value the trust property and to sell any part or all thereof in order to make allocation or distribution;

5.5. To Select and Allocate Assets. To select and allocate the cash, securities and/or other property that shall constitute any distribution under this instrument, employing for this purpose values current at the time or times of distribution;

5.6. To Employ Agents and Others. To employ investment advisors and attorneys and to delegate to them such powers as the Trustee considers desirable; to delegate to others the


authority to give trading instructions with respect to any brokerage or security account held under this instrument with any brokerage or security firm.

IN WITNESS WHEREOF, Guy E. Dixon III has executed this trust in the presence of the witnesses, who shall sign their names as attesting witnesses immediately after he signs his name, in his presence and in the presence of each other, this 4th day of May, 2016.

Witnesses








GUY E. DIXON III,
as Settlor and as Trustee

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

On this 4th day of May, 2016, before me personally came **GUY E. DIXON III**, who is personally known to me and who acknowledged execution of the foregoing instrument.



Notary Public, State of Florida



**ASSIGNMENT OF MEMBERSHIP INTEREST IN
DIXON FAMILY LLC**

I, **GUY E. DIXON III**, as Assignor, do hereby assign and transfer to **GUY E. DIXON III**, as Trustee of the **Guy E. Dixon III Revocable Trust under agreement dated May 4, 2016**, as may be amended, as Assignee, all of my membership interest in Dixon Family LLC, a Florida limited liability company.

This assignment represents 100% of the interest in the membership interest presently owned by Assignor and includes the proportionate share of the profits, as well as all other rights, interests and privileges of Assignor as a member of the company.

To have and to hold unto Assignee, its successors and assigns, forever.

This Assignment is effective as of the 4th day of May, 2016.

Witnesses

Kalinda A. Beadell
M. H. B. A.

Guy E. Dixon III
GUY E. DIXON III

GUY E. DIXON III
DURABLE GENERAL POWER OF ATTORNEY

I, **GUY E. DIXON III**, hereby appoint my daughter, **EMILY F. DIXON**, my true and lawful attorney-in-fact (my "Agent"), for me and in my name, place and stead, to act for me and in my name and on my behalf to exercise the powers set forth under this instrument. If Emily F. Dixon is unable or unavailable to act, I hereby appoint my sons, **LUKE E. DIXON** and **ZACHARY G. DIXON**, each having authority to act alone, as my successor Agent hereunder. All successor Agents shall have the rights, powers, privileges and discretions specified under this instrument. Any person is authorized to rely conclusively upon the certification of a son of mine that my daughter is unable or unavailable to act as my Agent and shall not inquire into the basis for that certification.

Except as otherwise provided in the Florida Power of Attorney Act, my Agent may exercise these powers independently and without the approval of any court. My Agent, however, shall exercise all powers in a fiduciary capacity in good faith, as a prudent person would using reasonable care, skill and caution.

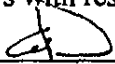
My Agent shall have the following powers:

- (1) To conduct banking transactions as provided in section 709.2208(1), Florida Statutes;
- (2) To conduct investment transactions as provided in section 709.2208(2), Florida Statutes;
- (3) To do business with banks and brokers, and particularly to endorse all checks and drafts made payable to my order and collect the proceeds and to sign in my name checks on all accounts standing in my name, and to withdraw funds from said accounts, to open accounts in my name or in the name of my Agent, as my attorney-in-fact;
- (4) To manage any and all property, real or personal, tangible or intangible, wherever situated, including homestead property, to sell, convey, assign, mortgage, encumber or otherwise transfer the same; to lease same; to foreclose mortgages or enforce any other rights with respect to the same; to take title to the same in my name; and to execute, acknowledge and deliver deeds, bills of sale, mortgages, releases, satisfactions and any other instruments relating to the same which my Agent, in the exercise of absolute discretion, shall deem appropriate;
- (5) To buy, purchase, transfer, convert, endorse, sell, assign, set over and deliver any and all shares of stock, bonds, mutual funds, debentures, notes, subscription warrants, stock purchase warrants, evidences of indebtedness, or other securities now or hereafter standing in my name or owned by me and to make, execute and deliver any and all written instruments of

assignment and transfer necessary or proper to effectuate the authority hereby conferred;

- (6) To ask, demand, sue for, collect and receive all sums of money, dividends, interest, payments on accounts of debts and legacies and all property now due or which may hereafter become due and owing to me, and give good and valid receipts and discharges for such payment; to buy and sell securities of all kinds in my name and for my account and at such prices as such Agent, in the exercise of absolute discretion, shall deem appropriate;
- (7) To vote any corporate securities for any purpose; to exercise or sell any subscription or conversion rights; to consent to and join in or oppose any voting trusts, reorganizations, consolidations, mergers, foreclosures and liquidations and in connection therewith to deposit securities and accept and hold other securities or property received therefor;
- (8) To borrow money from any lender, personal or corporate, and to extend or renew any existing indebtedness of mine;
- (9) To have access to any safe deposit box to which I have access;
- (10) To compromise, contest, prosecute or abandon claims in favor of or against me;
- (11) To make such payments and expenditures as my Agent shall, in the exercise of absolute discretion, determine to be appropriate in connection with any of the foregoing matters or with the administration of my affairs;
- (12) To take care of, contract for, make arrangements for and make financial commitments for, on my behalf, the medical care and attention of myself, including, without limiting the foregoing, to engage doctors and nurses, to provide hospitalization, consent to operations, call ambulances and provide any required consents to medication and any other medical procedures, provided, however, if at any time a Health Care Surrogate is acting on my behalf, my Agent shall cooperate with, follow the directives of and (using my property) provide any necessary financial assistance to such Health Care Surrogate and I hereby designate my Agent as a "personal representative" of mine for health care information and authorize the release of all medical and other information relating to my health and healthcare, including all my "individually identifiable health information" and any "protected health information" (as those terms are defined in the regulations under HIPAA at 45 CFR § 160.103), to my Agent so that my agent can make informed decisions regarding my care;
- (13) To transfer assets to the then acting Trustee of the revocable trust executed by me, of even date herewith, with myself as Settlor and Trustee, as the same may be amended to and including the date of my death, to be held and administered as provided therein;
- (14) INITIAL (ad) To manage any Individual Retirement Account (IRA) or other retirement plan assets held in my name, including to open retirement accounts in my name, to make contributions to a

retirement plan, to sell and reinvest retirement plan assets and to exercise investment powers with respect to a retirement plan, to select the form and timing of payments under a retirement plan and to make beneficiary distributions or withdrawals from such plan and to change beneficiary designations, to make a rollover, including a direct trustee-to-trustee transfer of assets from one retirement plan to another, and to deal with tax liability matters with respect to retirement plan assets;

- (15) INITIAL () To make, sign and verify income, gift or other tax returns and tax filings, to prepare and file extension requests or amendments, and to enter into settlement agreements, and to represent me in all tax matters before any office of the Internal Revenue Service or any other taxing authority, within the limitations of the applicable law;

giving and granting to my Agent full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my Agent shall lawfully do or cause to be done under this instrument.

I recognize that my Agent's actions taken pursuant to the specific grants of authority in this instrument could involve my Agent in conflicts of interest (created either by me or by my Agent). Provided that my Agent acts in good faith, I waive any express duty of loyalty imposed under Section 709.2114(2), Florida Statutes.

My Agent shall be entitled to reasonable compensation and reimbursement for all expenses reasonable incurred by my Agent on my behalf.

No Agent may participate in an action to the extent that a payment or distribution pursuant to that action would discharge a legal support obligation of that Agent. No Agent who is the insured of any insurance policy that I own may exercise any rights or have any incidents of ownership with respect to that policy, including the power to change the beneficiary, to surrender or cancel the policy, to assign the policy, to revoke any assignment, to pledge the policy for a loan, or to obtain from the insurer a loan against the surrender value of the policy. All such power is to be exercised solely by another Agent, if any.

Any third party to whom this power of attorney is presented may conclusively rely upon an affidavit by my Agent, stating, to the best of my Agent's knowledge and belief, that this power has not been revoked, that I am then living, and that no proceedings have been initiated to determine my incapacity. No third party relying on this power and that affidavit will be liable for any losses, damages, or claims caused by compliance with the action requested by my Agent, unless that third party has actual knowledge of my death or the revocation of this power.

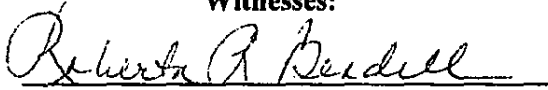
A third party who improperly refuses to accept this power of attorney will be liable for damages, including reasonable attorney's fees and costs, incurred in any action or proceeding that confirms the validity of this power of attorney.

As provided in Section 709.2106, Florida Statutes, a photocopy or electronic copy of this power is sufficient for its exercise.

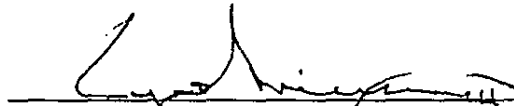
This Durable General Power of Attorney is not affected by subsequent incapacity of the principal except as provided in Chapter 709, Florida Statutes.

IN WITNESS WHEREOF, I have signed this Durable General Power of Attorney this 4th day of May, 2016.

Witnesses:

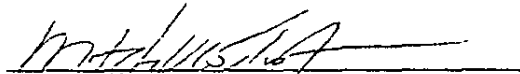

Printed Name: Roberta R. Bendell


Printed Name: Mitchell E. Silverstein


GUY E. DIXON III

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

On this 4th day of May, 2016, before me personally came GUY E. DIXON III, who is personally known to me (yes) (no) or who has produced a Florida driver's license as identification to me, and who acknowledged execution of the foregoing instrument.


Notary Public, State of Florida

