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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SHUFFIELD LOWMAN Account Number : I20030000118

Phone : (407)581-9800 Fax Number : (407)581-9801

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAPPHIRE ENT. L.L.C.

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D. SCOTT

AUG 8 2017

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STATEMENT OF AUTHORITY

Pursuant to Section 605,0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: SAPPHIRE ENT. L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L15000090742

THIRD: The street address of the limited liability company's principal office is:

1915 PARK LAKE ST. ORLANDO, FL 32803

The mailing address of the limited liability company's principal office is:

1915 PARK LAKE ST. ORLANDO, FL 32803

FOURTH: This statement of authority grants or sets limitations of authority (i) on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise, or (ii) to a specific person on the following:

- 1. May execute an instrument transferring or encumbering real property held in the name of the company.
 - a. Granted to: SHU H. CHANG
 - b. No authority granted to: NOVEMBER HNINN

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

(Signature of authorized representative)

SHU H. CHANG, Manager (Typed or Printed Name of Signature and Title)

Note: Unless earlier canceled, a filed Statement of Authority is canceled five years after the date on which this Statement, or the most recent amendment, was filed with the Department of State.