

From: Jim Sammons

Fax: (850) 293-3801

To:

Fax: (850) 617-1133

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FLOYD, SAMMONS & SPANJERS, P.A.

Account Number : 076726003533

Phone : (863) 293-3801

Fax Number : (863) 294-0976

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KOKOMO GROVE LLC

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This Instrument Prepared By:  
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Floyd, Sammons & Spanjers, P.A.  
1552 Sixth Street SE  
Winter Haven FL 33880  
(863) 293-3801  
Bob@WinterHavenLegal.com

STATEMENT OF AUTHORITY  
FOR  
KOKOMO GROVE LLC

This statement of authority is filed pursuant to Florida Statute 605.0302(1).

The name of the Florida limited liability company is KOKOMO GROVE LLC.

The Florida Document Number for the Company is 116000017399.

The street address of the principal office of the Company is 212 Paine Drive, Winter Haven FL 33884.

The mailing address of the principal office of the Company is P. O. Box 2854, Winter Haven FL 33883.

This statement limits the management authority of its Managers to the following powers:

Each Manager of the Company shall hold the same powers as the president of a Florida corporation organized under chapter 607 of the Florida Statutes. Acts that would require the action of the board of directors of a Florida corporation under chapter 607 shall be taken by a vote of the Members of the Company. A majority of the Members must approve the conveyance of real property or the borrowing of money.

IN WITNESS WHEREOF, the undersigned Members have executed this Statement this

February, 2016.

David J. Dicks  
David J. Dicks, Member and Manager

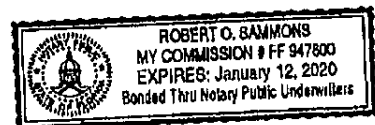
Bryan D. Dicks  
Bryan D. Dicks, Member and Manager

This Statement of Authority was sworn to and acknowledged before me this 18 day of February, 2016, by David J. Dicks and Bryan D. Dicks, who produced Florida drivers' licenses as identification.

[Signature]  
Notary Public, State of Florida, at  
large  
Print Name:

(Seal)

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