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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone : (904)356-2600 Fax Number : (904)355-0233

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

Email Address:

رت: :

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KORNICK MANAGEMENT, LLC

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From; Fisher Tousey Leas Ball

ARTICLES OF AMENDMENT

| • | | F : | À | |
|---|---|---|---|--------------------------------|
| Kornick Management, LLC | | | | |
| (Name of the Lim | ited Liability Compr (A Florida Limited | iny as It now appears on our Liability Company) | records.) | · |
| The Articles of Organization for this Limited l | Liability Company | were filed on 8/17/2016 | | and assigned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation | 1 "LLC" or the abbrevi | ation "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) | | 501 Riverside Avenue, Suite 600 | | |
| | | Jacksonville, Florida 32202 | | |
| | | 501 Riverside Avenue, Suite 600 Jacksonville, Florida 32202 | | |
| B. If amending the registered agent and/or agent and/or the new registered office address. | | address on our records, | enter the name of | the new register |
| Name of New Registered Agent: | Fisher, Tousey, Leas & Ball, P.A. | | | |
| New Registered Office Address: | 501 Riverside / | Avenue, Suite 600 | | <i>r</i> . \ |
| · · · · · · · · · · · · · · · · · · · | Enter Florida street address | | | |
| | Jacksonville | | _, Florida <u>32202</u> | 1.17 |
| | | Clty | | ip Code |
| New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as registenging filed to merely reflect a change in the company has been notified in writing of this | ed agent and agr oer and complete istered agent as p registered office | performance of my duti provided for in Chapter | es, and I am fami. 605, F.S. Or, if th | iar with and is document is |

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If amending Authorized Person(s) authorized to munage, 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> | Address | Type of Action |
|--------------|--------------------|---------------------------------|-----------------|
| MGR . | Ctaig A. Kornick | 501 Riverside Avenue, Suite 600 | ÜAdd |
| | | Jacksonville, Florida 32202 | □ Remove |
| | | | ≅ Change |
| MGR | Heather Kornick | 501 Riverside Avenue, Suite 600 | Cladd |
| | | Jacksonville, Florida 32202 | □Remove |
| | | | ⊞ Change |
| P | Craig A. Kornick | 501 Riverside Avenue, Suite 600 | □Add |
| | | Jacksonville, Florida 32202 | ПRemove |
| | | | ⊞ Change |
| AR M | Marvin C. Kloeppel | 501 Riverside Avenue, Suite 600 | |
| | | Jacksonville, Florida 32202 | ■Remove |
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| Dated _ | Signature of a member of a member |