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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MELAND RUSSIN & BUDWICK, P.A.

Account Number : I20040000113 Phone

: (305)358-6363 : (305)358-1221

Fax Number

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

Email Address: CRAMOS@MELANDRUSSIN.COM

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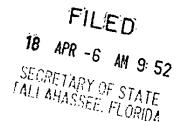
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From: 3058517588 Meland Russin

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

2. The Florida doct	•	er assigned to this limited liability company is:
L1700026324	<u></u>	;
3. The date this me	mber/manager withdrew	/resigned or will withdraw/resign is: 12/28/2017
OSCAR ROL	SRIGUEZ	
(Print N	Jame of Person Resigning)	, hereby withdraw/resign as a
MANAGER	,	
<u> </u>	(Print Title)	- //
resignation in wr	• • • / /	n the limited liability company has been notified of my
Signature of Di	issociating Member or Re	esigning Manager
		7 7