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1/3/2018   Division of Corporations

Florida Department of State
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```
To:
       Division of Corporations
       Fax Number      : (850)617-6383

From:
       Account Name    : CONTEGA BUSINESS SERVICES, LLC
       Account Number  : 120060000142
       Phone           : (904)301-1269
       Fax Number      : (904)301-1279

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

       Email Address:_____
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CERTUS TRD OPCO LLC

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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: **CERTUS TRD OPCO LLC**

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

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

1400 POINSETTIA AVE

ORLANDO, FL 32804

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

1400 POINSETTIA AVE

ORLANDO, FL 32804

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

1. May execute an instrument transferring real property held in the name of the company.

    a. Granted to: **Troy M. Cox**

    b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

    a. Granted to : **Troy M. Cox and Glen Pawlowski**

    b. No authority granted to: _____

_____
Signature of authorized representative

Troy M. Cox, Authorized Rep
Typed or printed name of signature

Filing Fee: $25.00
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