FILED 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9900001204 1. Entity Name 05-07-2002 90374 020 ****50.00 ATLANTIC-PENNSYLVANIA, LLC Principal Place of Business Mailing Address 200 LAURA STREET 121 WEST FORSYTH STREET. SUITE 200 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3592207 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name F & L CORP. Street Address (P.O. Box Number is Not Acceptable) 200 LAURA STREET JACKSONVILLE FL 32202-3520 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

May 07, 2002 8:00 am Secretary of State

Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR Change ☐ Addition TITLE ☐ Delete TITLE REGENCY REALTY GROUP, INC. NAME NAME STREET ADDRESS 121 WEST FORSYTH STREET, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 7 ☐ Change Addition ☐ Delete TITLE ۸ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IANAGER, OR AUTHORIZED REPRESENTATIVE

By Regency

FILE NOW!!! FEE IS \$50.00