2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2015
Secretary of State
CC1909333650

DOCUMENT# S45331

Entity Name: CLB, INC.

Current Principal Place of Business:

6450 SW ARCHER RD.
STE. 240
GAINESVILLE, FL 32608

Current Mailing Address:

6450 SW ARCHER RD.
STE. 240
GAINESVILLE, FL 32608 US

FEI Number: 59-3062094

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COX, ALISON L
6450 SW ARCHER RD.
STE. 240
GAINESVILLE, FL 32608 US

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: ALISON L. COX 03/30/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DST	Title	DVP
Name	SUMMERFIELD, SARA M	Name	MILLER, DAVID M
Address	6450 SW ARCHER RD. STE. 240	Address	6450 SW ARCHER RD. STE. 240
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	GAINESVILLE FL 32608
Title	DPR	Title	D
Name	COX, ALISON L	Name	FERENCE, STEPHANIE A
Address	6450 SW ARCHER RD. STE. 240	Address	6450 SW ARCHER RD. STE. 240
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	GAINESVILLE FL 32608

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARA M. SUMMERFIELD DST 03/30/2015

Electronic Signature of Signing Officer/Director Detail — Date