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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARVENA JONES Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L06000037080

Entity Name: LIKE FAMILY REAL ESTATE SOLUTIONS, LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

2579 WATERMILL DRIVE ORANGE PARK. FL 32073

Current Mailing Address:

P. O. BOX 441842 JACKSONVILLE, FL 32222 US

FEI Number: 20-5171463

Name and Address of Current Registered Agent:

NOLAN, JAMES A. ESQUIRE **50 NORTH LAURA STREET SUITE 1100** JACKSONVILLE, FL 32202 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: JAMES A. NOLAN

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR JONES. MARVENA Name Address P. O. BOX 441842 City-State-Zip: JACKSONVILLE FL 32222

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

MGR

Certificate of Status Desired: No

05/01/2017

Date

FILED May 01, 2017 Secretary of State CC2223302353

Date

05/01/2017