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 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: JOY FLEDELIUS F/B/O SAMUEL SLATER

Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED PERSON

04/26/2021

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097868

Entity Name: JACKSON FAMILY PARTNERS, LLC

Current Principal Place of Business:

C/O SAM SLATER 11 SLOAN'S CURVE DRIVE PALM BEACH, FL 33480

Current Mailing Address:

10 TREMONT ST 5TH FL BOSTON, MA 02108 US

FEI Number: 75-3258325

Name and Address of Current Registered Agent:

DITTAMI, AMY 639 E OCEAN AVE. STE 309 BOYNTON BEACH, FL 33435 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 | : AMY DITTAMI | | | 04/26/2021 |
|-------------------------------|--|-----------------|---------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | AUTHORIZED MEMBER | Title | AUTHORIZED MEMBER | |
| Name | SLATER, SAMUEL H | Name | WHITTEN, JACQUELINE SLATE | R |
| Address | 10 TREMONT ST 5TH FL | Address | 10 TREMONT ST 5TH FL | |
| City-State-Zip: | BOSTON MA 02108 | City-State-Zip: | BOSTON MA 02108 | |

Certificate of Status Desired: No

Date

FILED Apr 26, 2021 Secretary of State 7103632695CC