

2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000072764

Entity Name: 800 LOMAX LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202

FEI Number: 45-2609713

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
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: G. RAY DRIVER, JR., PRESIDENT

09/30/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HAWTHORNE, RICHARD W
Address ONE INDEPENDENT DRIVE, STE 1200
City-State-Zip: JACKSONVILLE FL 32202

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: RICHARD W. HAWTHORNE

MANAGER

09/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date