that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA D JOLY

Electronic Signature of Signing Authorized Person(s) Detail

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000043775

Entity Name: SANDRA D. JOLY, O.D. LLC

Current Principal Place of Business:

9280 STARPASS DRIVE JACKSONVILLE, FL 32256

Current Mailing Address:

9280 STARPASS DRIVE JACKSONVILLE, FL 32256

FEI Number: 45-5017283

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

JOLY, SANDRA D 9280 STARPASS DRIVE JACKSONVILLE, FL 32256 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:

Authorized Person(s) Detail : Title MGR Title S JOLY, SANDRA D Name JOLY, SANDRA D Name 9280 STARPASS DRIVE Address 9280 STARPASS DRIVE Address City-State-Zip: JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 City-State-Zip:

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

Certificate of Status Desired: No

01/14/2015

Date

FILED Jan 14, 2015 Secretary of State CC9317067370

Date

MANAGER