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

SIGNATURE: PHILLIP G. JOHNSON

Electronic Signature of Signing Authorized Person(s) Detail

	Electronic Signature of Registered Agent			
Authorized Person(s) Detail :				
Title	PRESIDENT, OWNER, MGR	Title	VP, MGR	
Name	JOHNSON, PHILLIP G	Name	JOHNSON, YVETTE	
Address	3208 SE BROOK STREET	Address	3208 SE BROOK STREET	
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997	
Title	MANAGING MEMBER	Title	MGRM, CIO	
Name	JOHNSON, CHRISTOPHER A	Name	SATCHELL, LYLE	
Address	3208 SE BROOK STREET	Address	9812 SW SANTA MONICA DR.	
City-State-Zip:	STUART FL 34997	City-State-Zip:	PALM CITY FL 34990	
Title	CFO			
Name	YORK, DEREK N			
Address	9812 SW SANTA MONICA DRIVE			
City-State-Zip:	PALM CITY FL 34990			

FEI Number: 46-1395582

DOCUMENT# L12000135909

9812 SW SANTA MONICA DRIVE

Current Mailing Address:

9812 SW SANTA MONICA DRIVE PALM CITY, FL 34990 US

PALM CITY, FL 34990

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Entity Name: HOPE FOR U.S. VETERANS L.L.C.

JOHNSON, PHILLIP G 3208 SE BROOK STREET STUART, FL 34997 US

FILED Dec 17, 2016 Secretary of State CC1950713423

Date

Certificate of Status Desired: No

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:

I

Electronic Signature of Registered Agent

1

OWNER

12/17/2016 Date