2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2020
Secretary of State
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Entity Name: FLEXENTIAL TAMPA 3.0 LLC

Current Principal Place of Business:

8809 LENOX POINTE DR STE G
CHARLOTTE, NC 28273-3375

Current Mailing Address:

8809 LENOX POINTE DR STE G
CHARLOTTE, NC 28273-3375 US

FEI Number: 46-4284754

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	FLEXENTIAL CORP
Address	8809 LENOX POINTE DRIVE SUITE G
City-State-Zip:	CHARLOTTE NC 28273-3375

Title	GENERAL COUNSEL
Name	GUERRIERO, JOSEPH
Address	11900 EAST CORNELL AVE BLDG B, 3RD FLOOR
City-State-Zip:	AURORA CO 80014

Title	CFO
Name	NOONAN, BRIAN J
Address	8809 LENOX POINTE DRIVE, STE G
City-State-Zip:	CHARLOTTE NC 28273

Title	SECRETARY
Name	SMOLLEN, DAVID
Address	188 THE EMBARCADERO
City-State-Zip:	SAN FRANSICSO CA 94105

Title	VP
Name	JOHNSON, JILL R
Address	8809 LENOX POINTE DRIVE SUITE G
City-State-Zip:	CHARLOTTE NC 28273-3375

Title	CEO
Name	DOWNIE, CHRISTOPHER W
Address	8809 LENOX POINTE DRIVE, STE G
City-State-Zip:	CHARLOTTE NC 28273

Title	COO
Name	KRZA, MICHAEL
Address	11900 EAST CORNELL AVE BLDG B, 3RD FLOOR
City-State-Zip:	AURORA CO 80014

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: JILL R JOHNSON — VP OF TAXATION — 06/15/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date