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: JOSHUA M GOLD

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M1500008426

Entity Name: THE LEGAL DEPARTMENT (FLORIDA), LLC

Current Principal Place of Business:

20 CABOT BLVD, SUITE 300 MANSFIELD. MA 02048

Current Mailing Address:

20 CABOT BLVD, SUITE 300 MANSFIELD. MA 02048

FEI Number: 47-4343241

Name and Address of Current Registered Agent:

GOLD, JOSHUA 7750 NOREMAC AVENUE MIAMI BEACH, FL 33141 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.

SIGNATL

Authoriz

Title	PRIN	Title	MD
Name	GOLD, JOSHUA	Name	ROULEAU, SYLVAIN
Address	7750 NOREMAC AVE	Address	20 CABOT BLVD, SUITE 300
City-State-Zip:	MIAMI BEACH FL 33141	City-State-Zip:	MANSFIELD MA 02048

URE	:				
	Electronic Signature of Registered Agent				
zed Person(s) Detail :					
	PRIN	Title	MD		
	GOLD, JOSHUA	Name	ROULEAU, SYLVAIN		
		Address	20 CABOT BLVD SUITE 300		

Certificate of Status Desired: No

Secretary of State CC1986711409

Date

FILED May 27, 2016

> 05/27/2016 Date

MANAGING MEMBER