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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT/CEO

SIGNATURE: BRADFORD C. LAYTON

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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:

Officer/Director Detail :

| Title | MR. | Title | MS. |
|-----------------|-------------------------------------|-----------------|-------------------------------------|
| Name | LAYTON, BRADFORD C | Name | LAYTON, BARBARA |
| Address | 22 BELLERIVE COUNTY CLUB GROUNDS | Address | 22 BELLERIVE COUNTY CLUB GROUNDS |
| City-State-Zip: | ST LOUIS MO 63141 | City-State-Zip: | ST LOUIS MO 63141 |

11457 OLDE CABIN ROAD - SUITE 200 ST LOUIS. MO 63141

Current Principal Place of Business:

DOCUMENT# F1000002283

Current Mailing Address:

11457 OLDE CABIN ROAD - SUITE 200 ST LOUIS. MO 63141

FEI Number: 43-1338092

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Entity Name: BRADFORD AND GALT, INCORPORATED

FILED Feb 24, 2015 Secretary of State CC1125997524

Certificate of Status Desired: No

02/24/2015

Date

Date