PELOSI ENTERPRISES, INC. 05-10-2001 90095 042 ***150.00 Principal Place of Business Mailing Address 8000 STABKEY RD: U.4 / / U J SEMINOLE TL 04047 2. Principal Place of Business 3. Mailing Address Wellington School Wellington DO NOT WRITE IN THIS SPACE 5175 45TM SI. N 4. FEI Number Applied For 59-2440898 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Susan Baraybar MCCALL DEBORAH Street Address (P.O. Box Number is Not Acceptable)

8000 Starkey Rf 5/75- 45 th Street N. ONE BEACH BRIVE SUITE 200 ST PETERSBURG FL 33701 8. 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. Suser Baraybar.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** ☐ Delete TITLE CHANGE ADDRESS ☐ Addition BARAYBAR, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 5175 45th 51. N CITY-ST-ZIP ST. PETE, FL 33714 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME PELOSI, LORRAINE M NAME 5175 45TM. St. N STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST. PETURS BURG; FL 133714 CITY-ST-ZIP TITLE Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: