2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L00000011771 1. Entity Name HAUSFELD, LLC 01 MAR 26 PM 3: 15 Principal Place of Business Mailing Address SECRETARY OF STATE TATEAHASSEE FLORIDA % MORRIS KIRSCH, C.P.A. % MORRIS KIRSCH, C.P.A. 326 71ST STREET 326 71ST STREET MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number. Applied For Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIRSH, MORRIS C.P.A. Street Address (P.O. Box Number is Not Acceptable) KIRSH, GIDNEY & COMPANY **326 71ST STREET** City Zip Code MIAMI BEACH FL 33141 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when ref FILE NOW!!! FÉE IS \$50.00 Make Check Payable to Department of State 9. 10. ADDITIONS/CHANGES TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ---NAM? NAME 600003929486 STREET ADDRESS STREET ADDRESS -03/29/01 --01065---019 CITY-ST-ZIP CITY-ST-ZIP *****50.00 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE Change | ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. 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 is true and accurate and that my 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 trustes empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: