FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 18, 2000 8:00 am Secretary of State OCUMENT # L55295 05-18-2000 90363 009 ***150.00 BROWN DEMANDT ARCHITECTS, P.A. Mailing Address incipal Place of Business 6710 SW 80TH ST., #101 SW 80TH ST., #101 80095530 MIAMI FL 33143-4500 FL 33143 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0194356 Not Applicable \$8.75 Additional Country Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SWINK, WILLIAM J., JR. Street Address (P.O. Box Number is Not Acceptable) 2915 S.W. 13TH ST. **MIAMI FL 33145** Zip Code City FL 3. 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 reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition OPT ITLE ☐ Defete TITLE DEMANDT, FRANK NAME AME STREET ADDRESS 6710 SW 80TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH MIAMI FL ☐ Change Addition ☐ Delete TITLE BROWN, ROBERT NAME IAME STREET ADDRESS STREET ADDRESS 6710 SW 80TH ST. CITY-ST-ZIP CITY-ST-ZIP SOUTH MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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: FRANK DEMAND 4/21/2 305-662-1940

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Defe Desputing Phone #