DOCUMENT # N9300000131 FILED 1. Entity Name Jan 16, 2001 8:00 am VENDOME VILLAGE COUNCIL OF PRESIDENTS, INC. **Secretary of State** 01-16-2001 90058 026 ****61.25 Principal Place of Business Mailing Address C/O INFINITI PROPERTY MGMT. INC C/O INFINITI PROPERTY MGMT. INC. 1301 SEMINOLE BLVD. #110 1301 SEMINOLE BLVD.. #110 LARGO FL 33770 **LARGO FL 33770** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3166908 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) INFINITI PROPERTY MGMT INC 1301 SEMINOLE BLVD. STE. 110 Zip Code City **LARGO FL 33770** FL 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 reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. S/T/D ☐ Addition PD TITLE ☐ Delete TITLE NAME SARINE, JOHN NAME STREET ADDRESS 8512 DEAUVILLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PINELLAS PARK FL 33781 P/D Change **X** Addition VD TITLE Delete TITLE HIGGINS, LARRY JENNESS, DICK NAME NAME 7015 MONTE CARLO STREET ADDRESS STREET ADDRESS **6895 LAFAYETTE** CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 Change Addition STD Delete TITLE V/D TITLE NAME **BRODSKY, LOUIS** NAME COLES, GARRY STREET ADDRESS STREET ADDRESS 8330 VENDOME BLVD 6780 MONACO CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 ☐ Change ☐ Addition X Delete TITLE TITLE GRAHAM, WALTER NAME NAME STREET ADDRESS 8360 BURGUNY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AGUNDAURE FAOR DESCRIPTION OF SIGNED PRICE OR DIRECTOR

Larry K. Higgins

01/09/01 (727)541-4716

Daytime Phone i