2003 FOR PROFIT CORPORATION

Apr 11, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000035554 DOCUMENT # 1. Entity Name 04-11-2003 90148 027 \*\*\*150.00 RAMADEV INC. Principal Place of Business Mailing Address 390 E EURECA CT 390 E EURECA CT 240 But HERNANDO FL 34442 HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address RTE.3 BOX 171-F RTE. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For AKE CITY. AKE CITY <u>FLORIDA</u> <u>30-0073330</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired 2025 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAYANTI PATEL, JAYANTI M Street Address (P.O. Box Number is Not Acceptable) 390 E EURECA CT **HERNANDO FL 34442** 71FI XOB Zip Code 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. I am familiar with, and accept the obligations of registered agent. TAYANTI M PATEL (PS) SIGNATURE d or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE T Delete TIT! F Change ☐ Addition NAME PATEL, JAYANTI M NAME PATEL, JAYANTI M 390 E EURECA CT STREET ADDRESS STREET ADDRESS RTE. 3 BOX 171 F CITY-ST-ZIF HERNANDO FL 34442 CITY-ST-ZIP AKE CITY, FL 32025 Change TITI F ٧S ☐ Delete TITLE Addition PATEL, JEGNESH RTG. 3 BOX 171F NAME NAME PATEL, JIGNESH STREET ADDRESS STREET ADDRESS 390 E EURECA CT CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP AKE CITY, FL TITLE . Change .. TITLE Delete. Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete ☐ Change NAME NAME

FILED

PATEL 14-09-03 SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP