2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9400005561 Mar 20, 2000 8:00 am Secretary of State 1. Entity Name SHPC, INC. 03-20-2000 90121 014 ***150.00 Principal Place of Business Mailing Address 4215 SOUTHPOINT BOULEVARD 5105 PHILLIPS HWY STE 205 JACKSONVILLE FL 32207 JACKSONVILLE FL 32216-6191 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3221535 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEIDER, MICHAEL N 4215 SOUTHPOINT BOULEVARD SUITE 100 JACKSONVILLE FL 32216 8. The above named Initity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. OPST CROFINA (9/4) ☐ Change Addition Delete TITLE TITLE HERMAN, STUART NAME NAME STREET ADDRESS STREET ADDRESS 2871 EVERCHARM PL CITY - ST- 7IP CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition De ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete 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 acquirate 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:

IGNATURE AND TYPED ON FRUITED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Pt

Daytime Phone #