FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am DOCUMENT # P99000007855 Secretary of State COEMINI DATA SYSTEMS, INC. 05-17-2001 91290 005 ***150.00 Mailing Address 876 N. UNIVERSI DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required dress of Current Registered Agent 7. Name and Address of New Registered Agent 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. ONNA Green berg (NOTE: Registered Agent signalule required when reinstating) SIGNATURE 4 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 Hesidend ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 33076 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZiP C/TY-ST-ZIP ☐ Change ☐ Addition TITLE ⁻☐ Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change Change ☐ Addition TITLE Delete TITLE 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

onna breenberg

954-340-7978