2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000067029 Mar 07, 2000 8:00 am Secretary of State 1. Entity Name -MARILIN ADULT LIVING FACILITY INC. 03-07-2000 90092 050 ***150.00 Principal Place of Business Mailing Address 7312 S.W. 16TH STREET 7312 S.W. 16TH STREET MIAMI FL 33155 MIAMI FL 33155-1504 C0033951 2. Principal Place of Business Malling Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ita, Apt. #, etc City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen Name PALENZUELA, MILAGROS Street Address (P.O. Box Number is Not Acceptable) 4250 S.W. 135TH AVENUE MIAMI FL 33175 Zip Code City 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) 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 11. OFFICERS AND DIRECTORS 12. Change TITLE Addition ☐ Delete TITLE PALENZUELA. MILAGROS NAME NAME STREET ADDRESS 4250 S.W. 135TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33175** Change Addition ☐ Delete TITLE TITLE NAME _ NAME STREET ADDRESS STREET ADORESS City-ST-ZIP CITY-ST-71E Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP 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