CR2E034 (9/99)

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 (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE President X Change PS TITLE X Delete NAME JACKSON, CARLA Deyse Racy NAME STREET ADDRESS STREET ADDRESS ONE SE THIRD AVE #1400-A 146 Atlantic Avenue

☐ Addition CITY-ST-ZIP CITY-ST-ZIP Palm Beach, F1 33480 MIAMI FL 33131 ☐ Addition X Delete Vice Pres. - Treasurer X Change TITLE TITLE CALVERT, YVONNE NAME Tania Racy NAME STREET ADDRESS 230 Everglades Avenue STREET ADDRESS ONE SE THIRD AVE #1400-A CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33131 Palm Beach, F1 33480 300003171603 ☐ Addition ☐ Delete TITLE TITLE NAME NAME -03/15/00--01101--019 STREET ADDRESS STREET ADDRESS ****150.00 ****120_00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition ☐ Delete TITI F 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR