2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2000 08:00 AM DOCUMENT # L9800001632 1. Entity Name **Secretary of State** BLUE COMET L.L.C. Principal Place of Business Mailing Address 407 LINCOLN ROAD, SUITE 8-R 407 LINCOLN ROAD, SUITE 8-R FL MIAMI BEACH FL MIAMI BEACH 33139 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0861574 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOFI ONE, INC. 407 LINCOLN ROAD, SUITE 8-R Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL. 33139 US 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. 04/24/2000 SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES TITLE MGR Delete ☐ Change ☐ Addition NAME SOFI ONE INC. 407 LINCOLN ROAD, SUITE 8-R STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

^{11.} 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.