APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** L97000000652 1. Entity Name 00 APR 18 AM 10: 59 ACTIVA MARKETING & INVESTMENT GROUP, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10800 Biscayne Blvd. 10800 Biscayne Blvd. Suite 580 Suite5580 Miami, FL 33161 Miami, FL 33161 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. $M_{\overline{M}}$ Applied For City & State 4. FEI Number City & State 65-0772388 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Gregg S. Truxton Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd. Suite 600 Coral Gables, FL 33134 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. ☐ Change Addition TITLE ☐ Delete TITLE 500003238965-AZOUT, JOSE R 10800 Biscayne Blvd., Suite 580 NAME NAME -05/04/00--01010--011 STREET ADDRESS STREET ADDRESS *****50.00 *****50.00 CITY-ST-ZIP CITY-ST-7IP Miami, FL 33161 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-STAZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

NAME OF SIGNING MANAGING MEMBER OR MANAGER

305-895-8556.