FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State DOCUMENT # L0000013421 1. Entity Name 05-13-2002 90207 012 ****50.00 PARROTT DESIGN & ENGINEERING, L.L.C. Principal Place of Business Mailing Address 4906 S.E. MANATEE TERRACE P.O. BOX 1383 STUART FL 34997 960974 STUART FL 34995 2. Principal Place of Business 5029 SEHOCS CShoe 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Floria 65-1049550 Stuar Not Applicable 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 KOHL, N. DEAN JR. 50 S.E. KINDRED STREET, SUITE 107 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34995 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Change Addition PARROTT, ROBERT A IV NAME 5029 SEHorseshoe Point Rd STREET ADDRESS 4906 S.E. MANATEE TERRACE STREET ADDRESS CITY-ST-7IP STUART FL 34997 Stuart FL 34997 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition PARROTT, CAMILLE NAME NAME 50295Atorseshoe Pain+ Rd STREET ADDRESS 4906 S.E. MANATEE TERRACE STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI 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 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/02

772-818-7087

Daytime Phone #