2008 NOT-FOR-PROFIT CORPORATION

FILED Sep 10, 2008 8:00 am Secretary of State

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SIGNATURE:

DOCUMENT #709862 09-10-2008 90001 018 ****61.25 ISLE OF PARADISE "B", INC. Principal Place of Business Mailing Address 450 PARADISE ISLE BOULEVARD 450 PARADISE ISLE BOULEVARD HALLANDALE, FL 33009 102 HALLANDALE, FL 33009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SIE BWD PARADISE Suite, Apt. #, etc. 07152008 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number 59-1152845 City & State BLEBNOOLE Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLDMAN, BEATRICE Street Address (P.O. Box Number is Not Acceptable) 450 PARADISE ISLE BOULEVARD #207 HALLANDALE BEACH, FL 33009 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Due by September 12, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Delete Addition TITLE TITLE KASEY Mc CLUNG BUD \$310 FRANCIOSI, ARLINE NAME NAME 450 PARADISE ISLE BLVD #108 STREET ADDRESS STREET ADDRESS HOLEBNOONE BEACH, FC 3310/ CITY-ST-ZIP HALLANDALE BEACH, FL 33009 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE CARRO, JOAN NAME NAME STREET ADDRESS 450 PARADISE ISLE BLVD #102 STREET ADDRESS HALLANDALE BEACH, FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE 💢 Delete TITLE ☐ Addition BESALEL, ELY NAME NAME 450 PARADISE ISLE BLVD #301 STREET ADDRESS STREET ADDRESS HALLANDALE BEACH, FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition CARNEY, BILL NAME NAME 7 Some STREET ADDRESS STREET ADDRESS 450 PARADISE ISLE BLVD CITY-ST-ZIP HALLANDALE BEACH, FL 33009 CITY-ST-ZIP Change Addition TITLE □ Delete TITLE JOLOMON COLDMAN BEATRICE NAME NAME STREET ADDRESS 450 PARADISE ISLE BLVD #207 STREET ADORESS Seme HALLANDALE BEACH, FL 33009 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE SPENCER, ANNA NAME NAME 450 PARADISE ISLE BLVD #306 STREET ADDRESS STREET ADDRESS HALLANDALE BEACH, FL 33009 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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