Current Principal Place of Business:
4700 LUCERNE LAKES BLVD. WEST
#604
LAKE WORTH, FL 33467

Current Mailing Address:
4700 LUCERNE LAKES BLVD. WEST
#604
LAKE WORTH, FL 33467 US

FEI Number: 46-3860027
Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:
CAZEAU, PIERRETTE J
4700 LUCERNE LAKES BLVD. WEST
#604
LAKE WORTH, FL 33467 US

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: PIERRETTE J CAZEAU
Electronic Signature of Registered Agent 04/06/2019
Date

Officer/Director Detail:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>P, T, CEO</td>
<td>CAZEAU, PIERRETTE J</td>
<td>4700 LUCERNE LAKES BLVD WEST</td>
<td>LAKE WORTH FL 33467</td>
</tr>
<tr>
<td>V, T, SECRETARY, POWER ATTORNEY</td>
<td>HUEHN, THOMAS F</td>
<td>4700 LUCERNE LAKES BLVD WEST</td>
<td>LAKE WORTH FL 33467</td>
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<tr>
<td>CD</td>
<td>AGAMPODI, SUNETH BUDDHIK DR.</td>
<td>4700 LUCERNE LAKES BLVD WEST</td>
<td>LAKE WORTH FL 33467</td>
</tr>
<tr>
<td>CHAIRMAN, OFFICER</td>
<td>DEWI, CHRISTA</td>
<td>4700 LUCERNE LAKES BLVD WEST</td>
<td>LAKE WORTH FL 33467</td>
</tr>
</tbody>
</table>

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PIERRETTE J CAZEAU
Electronic Signature of Signing Officer/Director Detail 04/06/2019
Date

PRESIDENT & CEO