### Current Principal Place of Business:

2711 VANDIVER DRIVE  
111  
WEST PALM BEACH, FL 33409

### Current Mailing Address:

2711 VANDIVER DRIVE  
111  
WEST PALM BEACH, FL 33049

### FEI Number: 46-3860027

Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

GREGOIRE, FAUSTA  
2711 VANDIVER DRIVE  
111  
WEST PALM BEACH, FL 33049 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:

<table>
<thead>
<tr>
<th>Electronic Signature of Registered Agent</th>
<th>Date</th>
</tr>
</thead>
</table>

### 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</td>
<td>CAZEAU, PIERRETTE J</td>
<td>2711 VANDIVER DRIVE 111</td>
<td>WEST PALM BEACH FL 33409</td>
</tr>
<tr>
<td>V, T, SECRETARY</td>
<td>HUEHN, THOMAS F</td>
<td>2711 VANDIVER DRIVE 111</td>
<td>WEST PALM BEACH FL 33409</td>
</tr>
<tr>
<td>CDT</td>
<td>AGAMPIDI, SUNETH BUDDHIK DR.</td>
<td>2711 VANDIVER DRIVE 111</td>
<td>WEST PALM BEACH FL 33049</td>
</tr>
<tr>
<td>OFFICER</td>
<td>ESOGBAN, GODSPOWER DR.</td>
<td>2711 VANDIVER DRIVE 111</td>
<td>WEST PALM BEACH FL 33049</td>
</tr>
<tr>
<td>CDT</td>
<td>LEWIS, HARRIET PHD</td>
<td>2711 VANDIVER DRIVE 111</td>
<td>WEST PALM BEACH FL 33049</td>
</tr>
<tr>
<td>OFFICER</td>
<td>IDOWU, OLUIDE</td>
<td>2711 VANDIVER DRIVE 111</td>
<td>WEST PALM BEACH FL 33409</td>
</tr>
<tr>
<td>CHAIRMAN, OFFICER</td>
<td>DEWI, CHRISTA</td>
<td>2711 VANDIVER DRIVE 111</td>
<td>WEST PALM BEACH FL 33049</td>
</tr>
<tr>
<td>CHAIRMAN, OFFICER</td>
<td>KONDO, IMANI DR.</td>
<td>2711 VANDIVER DRIVE 111</td>
<td>WEST PALM BEACH FL 33409</td>
</tr>
</tbody>
</table>

Continues on page 2

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  
PRESIDENT  
07/14/2016
### Officer/Director Detail Continued:

<table>
<thead>
<tr>
<th>Title</th>
<th>ASST. SECRETARY, VC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>LERICHE, LOUIS</td>
</tr>
<tr>
<td>Address</td>
<td>2711 VANDIVER DRIVE</td>
</tr>
<tr>
<td>City-State-Zip:</td>
<td>WEST PALM BEACH FL 33409</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>CHAIRMAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>JACKSON, RICHARDO</td>
</tr>
<tr>
<td>Address</td>
<td>2711 VANDIVER DRIVE</td>
</tr>
<tr>
<td>City-State-Zip:</td>
<td>WEST PALM BEACH FL 33409</td>
</tr>
</tbody>
</table>