2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 236674** Apr 23, 2000 8:00 am Secretary of State 1. Entity Name PROG. INC. 04-23-2000 90024 015 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1207 P.O. BOX 1207 WEST PALM BEACH FL 33402-1207 WEST PALM BEACH FL 33402 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number 59-0907447 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3402 33401 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 90meru MONTGOMERY, GEORGE 1211 RÖEBUCK WEST PALM BEACH FL 33401 Ruebin registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office FILE NOW!!!-FEE-IS-\$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Tax filing requirement and elects to do so. _After.MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Delete TITLE MONTGOMERY, GEORGE NAME NAME STREET ADDRESS 1211 ROEBUCK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33401 3340/ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP TITLE Change Addition ☐ Delete 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 13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowere SIGNATURE: VIVING MOREL

SIGNATURE AND TYPED OR PRINTED NA