DOCUMENT # 532764 FILED 1. Entity Name Jan 13, 2001 8:00 am Secretary of State WILLIAM BANKS, SAFE CO. INC. 01-13-2001 90045 034 ***158.75 Principal Place of Business Mailing Address 6936 NW 72 AVENUE 6936 NW 72 AVENUE MIAMI FL 33166-0036 MIAMI FL 33166-0036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1744112 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RITCHIE, NINA F. Street Address (P.O. Box Number is Not Acceptable) 6926 N W 72 AVE. **MIAMI FL 33166** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees ្សី9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition CR2E034 (10/00) ☐ Change TITLE TITLE Delete NAME NAME WILLIAM EARL BANKS STREET ADDRESS 6936 NW 72 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE ☐ Delete TITLE DRAGIN, RICHARD ALLEN NAME NAME STREET ADDRESS STREET ADDRESS 6936 N W 72 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete TITLE Change ☐ Addition TITLE STD RITCHIE, NINA F. NAME STREET ADDRESS STREET ADDRESS **6936 NW 72 AVENUE** CITY-ST-ZIP CITY - ST - ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 empowered.

SIGNATURE: