FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 19, 2000 8:00 am Secretary of State DOCUMENT # 667884 1. Entity Name PARKVIEW INVESTMENT COMPANY 01-19-2000 90163 041 ***150.00 Principal Place of Business Mailing Address PO BOX 3090 222 W. COMSTOCK AVE **STE 210** WINTER PARK FL 32790-3090 A0006710 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 222 S. Pennsylvania Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 200 Applied For City & State City & State 4. FEI Number 59-1997525 Not Applicable Winter Park, \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 32789 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HANDY, F. PHILIP Street Address (P.O. Box Number is Not Acceptable) 222 S. Pennsylvania Ave. 222 WEST COMSTOCK AVENUE STE. 210 Suite 200 WINTER PARK FL 32789 Zip Code 32789 Winter Park 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE NAME HANDY, F. PHILIP NAME STREET ADDRESS 222 S. Pennsylvania Ave., Suite 200 222 W COMSTOCK AVE, STE. 210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Winter Park, FL 32789 WINTER PARK FL ☐ Change Addition TIŤLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TIŤLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Dayling Phone #

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-eath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if