Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Feb 08, 1999 8:00 am Secretary of State

02-08-1999 90028 005 ***150.00

DOCUMENT # 670533 1. Corporation Name SPEED STITCH, INC. Mailing Address Principal Place of Business 3113-D BROADPOINT DR. 3113-D BROADPOINT DR. HARBOR HEIGHTS FL 33983 HARBOR HEIGHTS FL 33983 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/09/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1999978 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible **⊠**No ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DREXLER, FRED Street Address (P.O. Box Number is Not Acceptable) 82 3113-D BROADPOINT DR. HARBOR HEIGHTS FL 33983 83 City 85 Zip Code 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating). Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE DREXLER, FRED 1.2 NAME NAME 3057 KINGSTON 1.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE Change TITLE DREXLER, JOYCE 2.2 NAME NAME 3057 KINGSTON 2.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE, FL 00000 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ニューラットは (1.4.51) 「 私 □ Change (1.3.1 □ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE $\omega(B)$ 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed; or on an attachment with an address, with all other like empowered.

Daytime Phone #

CR2E034 (11/98)