DOCUMENT # 726184 FILED 1. Entity Name Jan 16, 2001 8:00 am STEPPIN' STONE FARM, INC. **Secretary of State** 01-16-2001 90068 031 ****70.00 Principal Place of Business Mailing Address 8421 PRITCHER ROAD. 8421 PRITCHER ROAD. LITHIA FL 33547 LITHIA FL 33547 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 23-7348139 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CHURCHILL, CYNTHIA S 8421 PRITCHER ROAD LITHIA FL 33547 Zip Code City 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 Fiorida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE PD ☐ Delete TITLE NAME KEISER, EDWARD H JR NAME STREET ADDRESS STREET ADDRESS 6102 LAWNCREST PLACE CITY-ST-ZIP CITY-ST-7IP **DOVER FL 33527** ☐ Change Addition TITLE ☐ Delete TITLE VD NAME NAME zetler, James STREET ADDRESS STREET ADDRESS 250 EAGLE DRIVE CITY-ST-ZIP--CITY-ST-ZIP -JUPITER FL 33477 ☐ Addition Change ☐ Delete TITLE TITLE SD LOEBER, ROBERT NAME STREET ADDRESS STREET ADDRESS 908 KNIGHT ST CITY-ST-ZIP CITY-ST-7IP <u>Plant City Fl. 33566</u> Change ☐ Addition Delete TITLE TITLE ESTLAKE, KODERT NAME NAME THOMAS, MIKE O CONCORD WA STREET ADDRESS STREET ADDRESS 8868 THOMAS RANCH LN CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33626 Change ☐ Addition ☐ Delete TITLE TITLE 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-7IP CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GAGRIATOR CHICKLESO

1/4/01

813-650-8700

Daytime Phone i

Attachment (1004243 D#726184

1/05/01

To Whom It May Concern:

Please delete Mike Thomas as TD. Please change to the following:

TD Westlake, Robert 4110 Concord Way Plant City, FL 33567

Thank-you