..2000 UNIFORM BUSINESS KEYUK! (UBK) 3/1 DOCUMENT # 7:2402 May 11, 2000 8:00 am Secretary of State 1. Entity Name FRIENDS FOR LIFE, INC. 03-13-2000 90061 049 ****61.25 Mailing Address Principal Place of Business ESTER RUCKET ESTER RUCKET 5603 MULBERRY DR 5603 MULBERRY DR TAMARAC FL 33319-6127 TAMARAC FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-7422280 Not Applicable Zip Country 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 -Name Street Address (P.O. Box Number is Not Acceptable) KNIGHT, JAMES E. 3890 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 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 Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Thea. Thange ☐ Addition (VZ) Delete TITLE TITLE RUCKET, ESTER NAME NAME 6667 71W 73 243 **CR2E037** STREET ADDRESS STREET ADDRESS 5603 MULBERRY DRIVE Jamarac 72 33321 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33319 Change TITLE Delete TITLE HORNE, GERRY S NAME NAME STREET ADDRESS STREET ADDRESS 4605 BAY BERRY LANE CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33319 Addition ☐ Change SD Delete TITLE NAME PLATZ, GRACE NAME STREET ADDRESS STREET ADDRESS 5410 BANYAN LN CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL TITLE ે% Delete TITLE VD. NAME GRUBER, SYLVIA NAME Woodlands STREET ADDRESS STREET ADDRESS 5200 WOODLAND DR CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR