DOCUMENT # 743180 FILED 1. Entity Name Jan 08, 2001 8:00 am Secretary of State CEDARSAND, INC. 01-08-2001 90012 001 ****61.25 Mailing Address Principal Place of Business 12274 1ST STR W 7601 9TH STR NO TREASURE ISLD FL 33706 STF C-1 ST PETERSBURG FL 33702-5200 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2053001 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCLEAN, RICHARD 12274 WEST 1ST STREET TREASURE ISLAND FL 33706 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 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. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (10/00) ☐ Delete TITLE ☐ Change ■ Addition TITI F SD NAME VOLMAR, N STREET ADDRESS STREET ADDRESS 12274 1ST ST W **CR2E037** CITY-ST-ZIP CITY-ST-7IP TREASURE ISLAND FL 33706 ☐ Delete ☐ Addition TITLE TITLE NAME NAME TYLER, SHIRLEY STREET ADDRESS STREET ADDRESS 7601 9TH STR NO, STE C CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL 33702 ☐ Addition TITLE ☐ Detete TITLE PD NAME NAME MCLEAN, R STREET ADDRESS STREET ADDRESS 12274 1ST ST W CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND, FL00000 33706 Delete TITLE **VPD** TITLE Change ☐ Addition TURNER, RAYMOND NAME NAME STREET ADDRESS STREET ADDRESS 12274 1ST ST. W. CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.