SIGNATURE:

FILED DOCUMENT # 827034 Jan 19, 2000 8:00 am **Secretary of State** PIONEER-WESTERN FINANCIAL CORPORATION COW. 01-19-2000 90222 017 ***150.00 Principal Place of Business Mailing Address 3001 EXECUTIVE DR 3001 EXECUTIVE DR STE 260 STE 260 CLEARWATER FL 33762-3389 **CLEARWATER FL 33762** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1319088 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALOWELL MCNEAL, RANO E Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DR **STE 260 CLEARWATER FL 33762** Zip Code 33777 LARGO 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. CRAIG D. CHLOWELL 1-10-00 SIGNATURE 9. This corporation is engible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition DCSV TITLE TITLE Delete NAME : O CALDWELL, CRAIG D. (1977) (1977) NAME STREET ADDRESS STREET ADDRESS 10556 INDIAN HILLS CT CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33777** Change ☐ Addition TITLE ☐ Delete TITLE NAME MCNEAL, RAND E. NAME STREET ADDRESS 3256 HERON PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** TITLE Change ☐ Addition ---- D. Delete TITLE-CALDWELL, CRAIG D NAME NAME STREET ADDRESS 10556 INDIAN HILLS CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. CRAIG D. ALOWELL

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR