|   |  |  | , ,  |   |   |
|---|--|--|--|---|---|
| DOCUMENT # A000000324  1. Entity Name   |  |  |  | FILED                                       | $\mathcal{M}_{ij}$                      |
| MILANO INVESTMENTS, LTD.  |  |  |  | SECRETARY OF STATE DIVISION OF CORPORATIONS | 4/26                                    |
| Principal Dis   | on of Dunings                                    |  |  | 02 APR 22 PM 12: 45                         | ·                                       |
| · ·   | ce of Business  NVESTMENTS. INC.                 | Mailing Address  *A&P_REGISTERED_AGENT, INC. |  | GE ALL 1:                                   |   |
| 2450 SW 137TH AVE. SUITE 238 2450 SW 137TH AVE. SUITE 226   |  |  |  |   |   |
| M <del>IAMI FL 33175</del> MIAMI EL 33175   |  |  |  |   |   |
| A Director (  | Diagram 4 D                                      | T  |  |   |   |
| 2. Principal Place of Business 880   Sw   132 St   Milano Inventor Suite, Apt. #, etc.  |  |  | <u>estments I</u>                                  | +   |   |
| miami Fe 33176   8801 SW 1  |  | 32 St.                                       | DUE BY MAY 1, 2                                    | 002   |   |
| City & State City & State Micmi, F.   |  | 33174  | 4. FEI Number APPLIED FOR                          | Applied For Not Applicable                  |   |
| Zip Country Zip C   |  | ÜSA  | 5. Certificate of Status Desired                   | \$8.75 Additional                           |   |
| 551   | 6. Name and Address of Current F                 | 33176 - 1                                    | <u>ush</u>   | 7. Name and Address of New Registered       | Fee Required                            |
| Name Evaling A Estrolla   |  |  |  |   |   |
| A&P REGISTERED AGENT, INC.  |  |  | Street Address-(P.O. Box Number is Not Acceptable) |   |   |
| 2450 SW 13714 AVE., SUITE 226<br>MIAMI FL 33173   |  |  | 88   | 301 SW 132 ST                               |   |
| MIAMI FL  | . 331/5  |  |  |   |   |
|   |  |  | City M   | iami FL                                     | - Zip Code 176                          |
| 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 hame on agistered agent and time if applicable.   |  |  |  |   |   |
| 9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION  |  |  |  |   |   |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.   |  |  |  |   |   |
| 12.   | GENERAL PARTNER                                  |  |  | ADDRESS CHANGES ON                          |   |
| DOCUMENT #  | P00000019172                                     | STR  | EET ADDRESS  |   | - F                                     |
| NAME<br>STREET ADDRESS  | MILANO INVESTMENTS, INC.<br>8801 SW 132ND STREET |  |  |   |   |
| CITY-ST-ZiP   | MIAMI FL 33176                                   | CITY   | '-ST-ZIP 「   | 600005391<br>-04/30/020<br>****151.75       | 5066                                    |
| DOCUMENT #  |  | STR  | EET ADDRESS  | -04/30/020<br>****151 75                    | 1044001<br>****151 75                   |
| NAME<br>STREET ADDRESS  |  |  |  | ***************************************     | *************************************** |
| CITY-ST-ZIP   | <u></u>  | CITY   | -ST-ZIP  |   |   |
| DOCUMENT #  |  | STR  | EET ADORESS  | · <del>-</del> ·                            |   |
| STREET ADDRESS  | •  | em   | -ST-ZIP  |   |   |
| CLTY-ST-ZIP   |  | 6117   | -31-21   |   |   |
| DOCUMENT #<br>NAME  |  | STRI   | ET ADDRESS   |   |   |
| STREET ADDRESS  | ,  | CITY   | -ST-ZIP  | <del> </del>                                |   |
| DOCUMENT #  |  |  |  |   |   |
| NAME  |  | STRI   | ET ADDRESS   |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |  | CITY   | -ST-ZIP  |   |   |
| DOCUMENT #  | <u> </u>   |  |  |   |   |
| NAME  |  | STR  | ET ADDRESS   |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  | -ST-ZIP  |   |   |
| 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 report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes |  |  |  |   |   |
| SIGNATURE: X NONAULU BEQUIRED   |  |  |  |   |   |
|   | SIGNATURE AND TYPED OR P                         | RINTED NAME OPSIGNING GENERAL DANTINE        | H T  | Date D                                      | aytime Phone #                          |