## **FILED** 2001 Uniform Business Report (UBR) May 21, 2001 8:00 am Secretary of State DOCUMENT # F000000283 1. Entity Name FAMCO GROUP, INC. 05-21-2001 90038 021 \*\*\*150.00 Principal Place of Business Mailing Address ATTN: J. TUTTLE ATTN: J. TUTTLE 249 ROYAL PALM WAY. SUITE 303 249 ROYAL PALM WAY, SUITE 303 PALM BEACH FL 33480 PALM BEACH FL 33480 658780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 91-2031252 1 Not Applicable Zip Country Country -\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUTTLE, JASON Street Address (P.O. Box Number is Not Acceptable) 249 ROYAL PALM WAY, #303 PALM BEACH FL 33480 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. This corporation is eligible 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, 2001-Fee will be \$550.00-Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSTD** TITLE ☐ Delete TITLE ☐ Change SR2E034 (11/00) Addition NAME TUTTLE, J NAME 249 ROYAL PALM WAY, SUITE 303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TUTTLE, H NAME STREET ADDRESS 249 ROYAL PALM WAY, SUITE 303 STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 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.

Y Tuttle, President

BIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNATURE: