FILED 2001 UNIFORM BUSINESS REPORT (UBR). May 22, 2001 8:00 am DOCUMENT # F000000 4295 Secretary of State Nexmill, Inc 05-22-2001 90044 031 ***150.00 Principal Place of Business Mailing Address po Box 331418 7934 SW 30也CT Miami, FL 33233 Mremi, FC 33133 553190 222 Lakeview Ave 615 Palm Street DO NOT WRITE IN THIS SPACE City & State Pulm Beach, FC 4. FEI Number 593653379 Applied For 33401 Not Applicable Country Palm Beach \$8.75 Additional 5. Certificate of Status Desired Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kevin Boldf 2934 SW30 12 CT 272 Lakeuren Ave # 160-275 MIAM!, PC 33133 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS Wifalm Brach, EL 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .CITY-ST-7IP 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. SIGNATURE: