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DOCUMENT # F01473 FILED 1. Entity Name Jan 16, 2001 8:00 am Secretary of State SCHMECHEL-BEHRENS, INC. 01-16-2001 90068 021 ***150.00 Principal Place of Business Charles Mailing Address 😁 6820 W 12TH ST PO BOX 6161 JACKSONVILLE FL 32254 JACKSONVILLE FL 32236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2027170 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BEHRENS, JAMES R Street Address (P.O. Box Number is Not Acceptable) **4746 GLENWOOD AVE** JACKSONVILLE FL 32205 Zip Code City 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 it applicable. (NOTE: Registered Agent organiture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition CR2E034 (10/00 TITLE TITLE □ Delete SCHMECHEL, BEN J. NAME NAME STREET ADDRESS 512 SOUTH ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NEPTUNE BCH FL ☐ Change ☐ Addition Delete TITLE BEHRENS, JAMES R NAME NAME STREET ADDRESS STREET ADDRESS 4746 GLENWOOD AVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change Addition TITLE. TITLE , 🔲 . Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZÍP 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 of the corporation or the receiver or trustee empowe changed, or on an attachment with an address, with

SIGNATURE