~2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F16635 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name SOUTHERN HOSPITALITY SERVICES, INC. 04-04-2000 90082 022 ***150.00 Mailing Address Principal Place of Business 11731 EAST COLONIAL DR 11731 EAST COLONIAL DR ORLANDO FL 32817-4610 ORLANDO FL 32817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2064278 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHEN, HSI-CHING Street Address (P.O. Box Number is Not Acceptable) 2537 BAYFRONT PARKWAY ORLANDO, FL 32806 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ST Change Addition ☐ Delete TITLE TITLE CHEN, CHAO-HUI LIN NAME NAME STREET ADDRESS 11731 E COLONIAL DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 00000 CITY-ST-ZIP Addition PDV ☐ Change ☐ Delete TITLE TITLE CHEN, HSI-CHING NAME 11731 E COLONIAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 00000 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

SIGNATURE AND TYPEN OF SIGNING OFFICER OR

40-PC-E

407-273-1500

Daytime Phone #