2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9500000731 May 26, 2000 8:00 am 1. Entity Name Secretary of State **RLK MANAGEMENT CORPORATION** 05-26-2000 90106 012 ***150.00 Principal Place of Business Mailing Address 2721 N. FORSYTH RD 2721 N. FORSYTH RD STE 351 WINTER PARK FL 32792-8293 WINTER PARK FL 32792 US 3. Mailing Address 2. Principal Place of Business 7224 Sandscove Court 24 Sandscove Court DO NOT WRITE IN THIS SPACE atuite 4. FEI Number Applied For 58-2152350 Not Applicable 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 same agent7 KAWLING JAMES RAWLING, JAMES H ss (P.O. Box Number is Not Acceptable) newaddress7 2721 N. FORSYTH RD STE 351 WINTER PARK FL 32792 ^za2797 8. The above gamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PCD Change ☐ Addition TITLE ☐ Delete TITLE RAWLING, JAMES H NAME NAME 7224 Sandscove Court, St. 4 Lointer Park, FL 32792 STREET ADDRESS STREET ADDRESS 2721 N. FORSYTH RD #351 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 **Change** ☐ Addition ☐ Detete TITLE TITLE KENNEDY, MICHAEL NAME 7224 Sandscove Court, St. 4 Winter Park, FL 32792 STREET ADDRESS STREET ADDRESS 2721 N. FORSYTH RD #351 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Change ☐ Addition ☐ Delete TITLE 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-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 a

SIGNATURE: