FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 16, 2002 8:00 am E Secretary of State F95000003661 DOCUMENT # 1. Entity Name SÉRVICÓ PENSACOLA 7330, INC. 05-16-2002 90021 011 ***150.00 Principal Place of Business Mailing Address 3445 PEACHTREE RD. NE., STE 700 3445 PEACHTREE RD. NE., STE 700 ATLANTA GA 30326 ATLANTA GA 30326 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 65-0592815 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION.FL.33324 Zip Code FL 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) 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, 2002 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F Delete TITLE President/Treasurer FLANDERS, ROBERT R NAME NAME Amaral, Michael W. 3445 PEACHTREE RD. NE STREET ADDRESS STREET ADDRESS 3445 Peachtree Road, NE., Ste. 700 ATL'ANTA' GA 30326 CITY-ST-ZIP CITY-ST-ZIP Atlanta. Georgia 30326_ Addition TITLE ☐ Change VP/Secretary GRYBOSKI, THOMAS S NAME NAME Ellis, Daniel E. 3445 PEACHTREE RD. NE., STE 700 STREET ADDRESS STREET ADDRESS 3445 Peachtree Road, NE., Ste. 700 ATLANTA GA 30326 CITY-ST-7IP CITY-ST-ZIP Atlanta. Georgia 30326 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-71P

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Cara Eller JUIRED

☐ Delete

APR 25 2002

Date

404-364-9400

Change

☐ Addition

Daytime Phor