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 9. This corporation is eligible to satisfy its Intangible 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NICOLAOU, KAREN NAME NAME STREET ADDRESS STREET ADDRESS 5005 RIVERWAY DR. STE #400 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77056** ☐ Change ☐ Addition TITLE ☐ Delete TITLE YEARY, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 14800 LANDMARK, STE #500 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75240 ☐ Change TITI F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME 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 all other like empowered.

SIGNATURE:

<u> Michael Yeary</u> TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

892-7200