RILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 14, 2001 8:00 am Secretary of State DOCUMENT # 1. Entity Name 06-14-2001 90008 010 ***150.00 receive notate Vermow, Inc the mail. Principal Place of Business Mailing Address P.O. BUX 65568 P.O. BOX 65568 Suit Lake City, UT Soit Lake City, UT A0072991 39165-0568 89165-0568 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 59-2689402 Not Applicable Country Zip Country . 0 \$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 Jin Turrer Street Address (P.O. Box Number is Not Acceptable) 20:0 S. Orange Ave. Sarasora, FL 34230 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 Make Check Payable to Department of State " (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President Addition TITI F Delete TITLE ☐ Change erf w. Anderson NAME NAMÉ ASS Dest 3265 South STREET ADDRESS STREET ADDRESS Solt Lake C CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Celete TITLE Change erry w. Ash 58 west 3065 south MAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE TITLE Change ☐ Addition NAME NAME uest 3265 504h STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Board nember Change ☐ Addition TITLE TITLE readoni NAME David L NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY - ST - 7(P

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 ther like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-01

(&1) 923-277 (

Daytime Phone #