2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2001 8:00 am Secretary of State DOCUMENT # F9900005813 INVESTAR OF GEORGIA, INC. 01-24-2001 90040 021 ***150.00 Mailing Address Principal Place of Business 3522 THOMASVILLE ROAD. SUITE 301 3522 THOMASVILLE ROAD, SUITE 301 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Applied For 4. FEI Number City & State City & State 59-3543316 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAMANTIS, CHRISTOPHER E Street Address (P.O. Box Number is Not Acceptable) 3522 THOMASVILLE ROAD, SUITE 301 TALLAHASSEE FL 32308 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 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 \$5:00 May Be Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust|Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CP TITLE CD Change Addition ☐ Delete TITLE Christopher E. Diamanti S 3577 Thomasville Road Suite 30/ Tallahassee, FL 37308 DIAMANTIS, CHRISTOPHER E NAME NAME STREET ADDRESS STREET ADDRESS 3522 THOMASVILLE ROAD, SUITE 301 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Change ☐ Addition ☐ Delete TITLE TITLE charles Bradford BRADFORD, CHARLES NAME NAME 6095 Lake Forrest DelVE Atlanta, Georgia 30328 3522 THOMASVILLE ROAD, SUITE 301 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32308 Addition ☐ Change TITLE ☐ Delete TITLE Sean J. Coleman 6095 Lake Forrest DRIVE NAME NAME . STREET ADDRESS STREET ADDRESS Hanta, Georgia 30328 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Sean J. Coleman PRINTED NAME OF SIGNING OFFICER OR DIRECTOR