2001 UNIFORM BUSI	FILED						
DOCUMENT # G76324 1. Entity Name ISLANDS INTERNATIONALE, INC.		Jan 29, 2001 8:00 am Secretary of State 01-29-2001 90074 001 ***150.00					
Principal Place of Business	Mailing Address						
oi-e coast st? Ake worth fl. 33460 Is	201 F COAST ST LAKE WORTH FL 33460 US		610	450			
2. Principal Place of Business 3. Mailing Address 791 Parkof Commerce Blue. 791 Parkof Commerce Blue							
Suite Apt. #, etc.	Quite Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State BOCA RATON FL	City & State Boxen Rut on	FL	4. FEI Number 59-2356662	Applied For Not Applicable			
zip Country - USA	33487	Country - USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MILLS, BRUCE E. 2 01 E COAST STRE ET LAKE WORTH FL 33460		79	Street Address (P.O. Box Number is Not Acceptable) 791 PARIC Of Commune 6/12. Suff 300				
	City A		ATON	FL Zip Code 87			
8. The above named entity submits this statement for	the purpose of changing its	registered office or registe	red agent, or both, in the State of Florida	l.			

SIGNATURE		, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when r				
•	oration is eligible to satisfy its Intangible	FILE I	NOW!!! FEE IS \$150.00	1	n Campaign Financing	\$5.00 May Be

Tax filing requirement and Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. STD TITLE ☐ Delete 791 PARIC of Commerce Blud, Suiter 300 BOCH PATON, FL 33487 MILLS, BRUCE E NAME NAME STREET ADDRESS 201 E-COAST ST SIRFEI ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP Delete TITLE TITLE THIES, WILLIAM F JR NAME NAME 791 PARK of Commune Blod. Suffr 300 BOCA RATON, FZ -33487. 201-E-COAST-ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIR. LAKE-WORTH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AND BRUCE E. Mills SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR