changed, or on an attachment with an address, with all other

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED ´2000 UNIFORM BUSINESS REPORT (UBR) May 02, 2000 8:00 am Secretary of State **DOCUMENT # H82145** 1. Entity Name 05-02-2000 90110 039 ***150.00 TOLLMAN-HUNDLEY ORLANDO, INC. Mailing Address Principal Place of Business 1886 ROUTE 52 1886 ROUTE 52 HOPWELL JUNCTION NY 12533 HOPWELL JUNCTION NY 12533 KOUTS Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3305965 Not Applicable \$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 Name PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE TOLLMAN, BRETT G NAME . : STREET ADDRESS STREET ADDRESS 1886 ROUTE 52 CITY-ST-ZIP CITY-ST-ZIP **HOPWELL JUNCTION NY 12533** TITLE ☐ Delete TITLE Change Addition NAME KENDETTA, CRAIG STREET ADDRESS STREET ADDRESS 1886 ROUTE 52 CITY-ST-ZIP CITY-ST-ZIP **HOPWELL JUNCTION NY 12533** Addition ☐ Delete TITLE TITLE HUUDLEY HONTY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete 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-ZIP ☐ Delete TITLE □ Change ☐ Addition 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 a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #