Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # J14099** 1. Entity Name 04-12-2001 90162 010 ***150.00 HAFBAX, INC. Principal Place of Business Mailing Address 6335 WEST SETTLER DRIVE 6335 WEST SETTLER DRIVE URDODDOT BEVERLY HILLS FL 34465 BEVERLY HILLS FL 34465 2. Principal Place of Business 152 RAWGER 3. Mailing Address (52 KANGER) Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2686916 LIZABETHTON Not Applicable ELIZABETHTON Country \$8.75 Additional 5. Certificate of Status Desired - - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DKINNER ARBER, LINDA A Street Address (P.O. Box Number is Not Acceptable) 6335 W SETTLER **BEVERLY HILLS FL 34465** NUERNESS 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 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition TITLE K Change TITLE ☐ Defete ARBER, JAMES W. ARBER, JAMES W NAME NAME STREET ADDRESS 151 RANGER DA. STREET ADDRESS 6335 W SETTLER CITY-ST-7IP CITY-ST-ZIP **BEVERLY HILLS FL** ELIZABETHTIN, TN 37683 PD Addition TITLE ☐ Delete TITLE ARBER, LINDA A ARBER, LINDA H. NAME NAME 151 RAWGER DR. STREET ADDRESS 6335 W SETTLER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ELIZABETHTON, TN BEVERLY HILLS FL Change Addition ☐ Delete TITLE TITLE SKINNER, JEAN F. SKINNER, JEAN F NAME NAME STREET ADDRESS 1038 S SUNFISH AVE STREET ADDRESS INVERNESS FL CITY-ST-ZIP INVERNES FL 34450 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP