FILED Mar 19, 2001 8:00 am **DOCUMENT # J53272 Secretary of State** DERLAND INVESTMENTS, INC. 03-19-2001 90482 010 ***150.00 Mailing Address Principal Place of Business 51 HARBOUR GREEN 51 HARBOURT GREEN OCEAN REEF CLUB OCEAN REEF CLUB KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address 18 LOWTHER AVENUE 18 LOWTHER AVENUE Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1713610 ON TARIO TORONTO. ONTARIO TO RONTO, Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired M5R ICL CANADA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 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. \Box Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete PD Change ☐ Addition R2E034 (10/00) TITI F COUGHLAN DERMOT COUGHLAN, DERMOT NAME NAME NEW 18 LOWTHER AVE STREET ADDRESS 145 KING ST E STE 500 STREET ADDRESS ADDRESS CITY-ST-ZIP TORONTO, ONTARIO, CANADA CITY-ST-ZIP TORONTO, ONTARIO CANADA M5R ICL ☐ Delete TITLE ☐ Change ☐ Addition TITLE YOUNG, MARK NAME NAME 40 KING STREET WEST, SCOTIA BANK #2200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORONTO, ONTARIO M5H 3C2 TITLE ☐ Delete TITI E Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE 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 leport 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 appears, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-305-367-0048

☐ Change

☐ Addition