FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 21, 2001 8:00 am Secretary of State DOCUMENT # K21045 1. Entity Name 05-21-2001 90346 017 ***150.00 THE SOLID "35" CLUB OF THE PALM BEACHES, INC. ഉപ്പോട്ടി ക്രവസ്ത്ര വിശ്യാസ്ത്ര Principal Place of Business WEO 1997 HUV Mailing Address 609 8TH STREET PROTESTOR PO BOX 280 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33402 906-581 (di (650) lar 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apr. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 650046017 \$8.75 Additional Country Country 5. Certificate of Status Desired 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RYALS, RICHARD A ESQ 2620 AUSTRALIAN AVENUE, STE 109 Street Address (P.O. Box Number is Not Acceptable) WESTFPALM BEACH, FL 33407 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 if applicative. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE!IS;\$150.00 Are: MAY:1,2001 Fee will be \$550.00 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2 (11/00) Change TITLE Delete TITLE FREEMAN, JOE HOWARD, CHARLIE NAME NAME STREET ADDRESS 609 8TH STREET STREET ADDRESS 1622 WEST 25TH COURT CITY-ST-ZIP CITY-ST-ZIP . WEST PALM BEACH, FL 33401 RIVIERA BEACH, FL 33404 Change TITLE X Delete VP TITLE VΡ NAME FIELDS, LARRY NAME HOWARD, CCHARLIE STREET ADDRESS STREET ADDRESS PO BOX 223051 1622 WEST 25TH COURT CITY-ST-ZIP WEST PALM BEACH, FL 33402 CITY-ST-ZIP RIVIERA BEACH, FL 33404 ☐ Addition ☐ Change - Delete -TITLE TITLE SD NAME PARKER, LLOYD MAME STREET ADDRESS STREET ADDRESS 224 LAINHART COURT CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33409 Change Addition TITLE Delete TITLE NAME NAME HIGHSMITH, LEVI STREET ADDRESS STREET ADDRESS 4109 WAVERLY DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Change ☐ Additio TITLE Delete TITLE NAME NAME NELSON, TADIE. STREET ADDRESS STREET ADDRESS PO BOX 326 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33402 ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

561-835-9512