2004 FOR PROFIT CORPORATION

FILED Mar 17, 2004 8:00 am Secretary of State 03-17-2004 90032 008 ***150.00

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DOCUMENT # K94152 LAKÉ FERN VILLA'S, INC. 94030643 Principal Place of Business Mailing Address 19001 APIAN WAY 19001 APIAN WAY LUTZ, FL 33549 LUTZ, FL 33549 2. Principal Place of Business 3. Mailing Address Suite Ant. #. etc. Suite, Apt. #, etc. 03132004 CR2E034 (10/03) City & State City & State 4. FEt Number Applied For 59-2950789 Not Applicable Zip Country 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 JOSEPH SERIO, JOESPH-Street Address (P.O. Box Number is Not Acceptable) 19001 APIAN WAY LUTZ, FL 33549-33558 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CALTAGIRONE, JOSEPH 18902 APIAN WAY JOSEPH SERIO JOESPH NAME NAME 19001 APIAN WAY STREET ADDRESS STREET ADDRESS LUTZ, FL 33558 CITY+ST-ZIP CITY-ST-ZIP TITLE Delete TITLE **Change** Addition SERIO, PATRICIA 19001 APIANWAY LABUTIS, ROBERT NAME 18920 APIAN WAY STREET ADDRESS STREET ADDRESS LUTZ, FL 33558 CITY-ST-ZIP CITY-ST-ZIP **D**Qelete TITLE Change Addition MURRAY, SHENNA ANEVE SUSA NAME NAME 912 APIAN WAY STREET ADDRESS 18912 APIAN WAY STREET ADDRESS LUTZ, FL 33558 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIIE Change ☐ Addition ALDWIN, STEPHANIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 33558 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE