APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) L00000000039: 00 JUN -7 AM 10: 29 1. Entity Name ACCURATE METAL DOORS, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 725-A CLEARLAKE ROAD 3m40 COCOR 3 からかか FL 2. Principal Place of Business 3. Mailing Address 725-A CLEARLAKE RO 3m4C Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 3310443 COCOA Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name Jack C. HOOLSEMA Street Address (P.O. Box Number is Not Acceptable) ENY BLUD. FL 32926 City Zip Code FL 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 printer_____ :: _____ :: ____ name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. MICHELLE HOOLSEMA, V. PRESIDENT anoopssaatessaooos TITLE 225 FAY BLYD. -06/21/00--01072--007 STREET ADDRESS STREET ADDRESS *****50.00 ****50.00 MERM 32526 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change — ☐ Addition . Delete → ---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREE ADDRESS. STREET ADDRESS -ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the ecciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: