2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 30, 2001 08:00 AM L00000001337 DOCUMENT # 1. Entity Name **Secretary of State** I ARRANGE MONEY.COM, LLC Principal Place of Business Mailing Address 120 VERA CRUZ DR., STE 818 120 VERA CRUZ DR., STE 818 PONTE VEDRA BEACH PONTE VEDRA BEACH FL 32082 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOTOLAW, INC. 50 NORTH LAURA STREET, STE 2750 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL32202 US 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. 04/30/2001 SIGNATURE Signature, typed or printed 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 MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES Delete TITLE Change X Addition NAME NAME I ARRANGE MONEY. COM, LLC STREET ADDRESS STREET ADDRESS 120 VERA CRUZ DR. STE 818 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH \mathbf{FL} 32082 ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. 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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

04/30/2001

Daytime Phone #

I Arrange Money.COM, LLC .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)