| DOCUMENT # L0000003150 | | | | FILED | | |
|---|--|-----------------------------------|---|--|--|-------------------------|
| SHARP BOARDS, LLC | | | | 01 MAY 31 PM 4: 48 | | |
| Principal Place of Business Mailing Address 2330 NE 18TH PLACE UNIT C 2330 NE 18TH PLACE UNIT C OCALA FL 34470 OCALA FL 34470 | | | C | SECRETARY OF S TALLAHASSEE, FL | TATE ORIDA | |
| | 5 | | | | | |
| 2. Principal Place of Business 8 40 NW 24 TL Ct Suite, Apt. #, etc. 3. Mailing Address 8 40 NW Suite, Apt. #, etc. | | | 24 Ct_ | DO NOT WRITE IN | | MJH ' |
| City & State City & State City & State City & State | | | <u> </u> | 4. FEI Number 59-3.634659 | Арр | olied For Applicable |
| Zip 344 | 75 Country VSA | Zip 34475 | Country . USA | 5. Certificate of Status Desired | \$5.00 Addit Fee Required | tional |
| | 6. Name and Address of Current | Registered Agent | Name 2 | 7. Name and Address of New Regist | ered Agent | |
| TROW, CHESTER J | | | Street Address (P.O. Box Number's Not Acceptable) | | | |
| 1 NE FIRST AVE., STE 303 OCALA FL 34470 | | | 5/0 | ONE 20th St | Zin Code | |
| | | | DC | ALA | FL Zip Code | 70 |
| 8. The above SIGNATURE _ | named entity submits this statement fo | r the purpose of changing its re | egistered office or regist | ered agent, or both, in the State of Florida. | 1-25-01 | |
| | Signature, typed or Minted name of registered agent | FILE NO | Registered Agent signature requirement W!!! FEE IS \$50.00 able to Department | 00000443 | 0106002 | |
| 9. | MANAGING MEMB | ERS/MEMBERS . | 10. | ADDITIONS/CHA | NGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member PAUL J. Spicer, 5100 NE 20 th St OCALA FL 3447 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition OCFF |
| TITLE NAME STREET ADDRESS | JUNA / F JILL | . Delete | TITLE NAME STREET ADDRESS | _ | Change . | Addition |
| TITLE | | □ Delete | CITY-ST-ZIP TITLE NAME STREET ADDRESS | The state of the second | ☐ Change | Addition |
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| CITY-ST-ZIP | | ☐ Delete | CITY-ST-ZIP | | Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | _ Delete | NAME STREET ADDRESS CITY-ST-ZIP | | <u> </u> | |
| TITLE NAME STREET ÁODRESS CITY-ST-ZIP | • | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| 11. I hereby o | certify that the information supplied with on this report is true and accurate and bility company or the receiver or truster | I that my signature shall have th | he exemption stated in the same legal effect as if | Section 119.07(3)(i), Florida Statutes. I furth f made under oath; that I am a managing rapter 608, Florida Statutes. | er certify that the inf nember or manager | formation of the |

FAUL CONTROL REQUIRED

E AND TYPED OR PHYTED NAMESOF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Dat