2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# L00000004321 1. Entity Name RENT-A-PHONE MIAMI, LLC JUN 21 PM 12:01 Principal Place of Business Mailing Address 242 N.W. LEJEUNE RD. 242 N.W. LEJEUNE RD. SECRETARY OF STATE MIAMI FL 33126 MIAMI FL 33126 ALLAHASSEE, FLORIDA 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 52-2258811 Not Applicable 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 Name DAUGHERTY, ST. JOHN Street Address (P.O. Box Number is Not Acceptable) 350 EAST LAS OLAS BLVD., SUITE 1000 FT. LAUDERDALE FL 33301 Zip Code 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. 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 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES President ☐ Addition TITLE TITLE ☐ Change Ms. Beatrice Bagnoud 242 NW Le Jeune Rd. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 200004451 Perage - Addition TITLE Delete TITLE NAME NAME -06/29/01---01016--004 STREET ADDRESS STREET ADDRESS *****50.00 ****50.00 CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME (NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 It is the post as required by Chapter 608, Florida Statutes.

ER. OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

786 552 0020

Date