| 200 1   | UNIFORM BU  | SINESS REPU  | 'Al           | (ODR)                          | •                  |  |   |                                   |
|---|---|--|---------------|--------------------------------|--------------------|--|---|-----------------------------------|
| DOCUMENT # L0000013047                            |   |  |               |                                | FILE               |  |   |                                   |
| 251 SUNRISE BLVD., L.C.                           |   |  |               | 01                             | JUN 13             | AM 10: 56                                |   |                                   |
|   |   |  |               | SEC                            | RETARY             | OF STATE                                 |   |                                   |
| Principal Place of Business Mailing Address       |   |  |               | TAL                            | LAHASSE            | E, FLORIDA                               |   |                                   |
| 1401 LANDS I<br>MANALAPAN                         |   | 1401 LANDS END<br>MANALAPAN FL 33462   |               |                                |                    |  | h <b>an</b> e <b>n</b> s ha <b>nn</b> a einea <b>an</b> eil | 81811 18 <b>5</b> 1 1 <b>5</b> 81 |
|   |   |  |               |                                |                    |  |   |                                   |
| 2. Principal Place of Business 3. Mailing Address |   |  |               |                                | + 1001             | APENTA NIT ANTIL ANTIL ANTIL ANTIL ANTIL | 1 <b>20101</b> 11 <b>092</b> 11111 <b>30</b> 111 1          | 31611 1881 1881                   |
| Suite, Apt. #, etc. Suite, Apt. #, etc.           |   |  |               |                                |                    | DO NOT WRITE IN                          | THIS SPACE  |                                   |
| City & State                                      | 9   | City & State   | City & State  |                                | 4. FEI Num         | LIED FOR                                 | — — — — — — — — — — — — — — — — — — —                       | oplied For<br>ot Applicable       |
| Zip   | Country   | Zip  | Country       |                                |                    | te of Status Desired                     | \$5.00 Add<br>Fee Required                                  |                                   |
| 6. Name and Address of Current Registered Agent   |   |  |               | Name                           | 7. Name a          | nd Address of New Registe                | ered Agent  |                                   |
| Franklin, Elliott                                 |   |  |               |                                | D.O. Davi Nives    | ber is Not Acceptable)                   |   |                                   |
| 5315 LAKE WORTH ROAD                              |   |  |               | Sifeet Address (               | P.O. BOX NUM       | Der is Not Acceptable)                   |   |                                   |
| LAKE WORTH FL 33463                               |   |  |               |                                |                    | <u></u>                                  | <b>—</b> 3:- 0d   |                                   |
|   |   |  |               | City                           |                    |  | FL Zip Code   | 3                                 |
| 8. The above                                      | named entity submits this statemer                | nt for the purpose of changing its   | registere     | ed office or register          | ed agent, or b     | ooth, in the State of Florida.           |   |                                   |
| SIGNATURE _                                       |   | Alon   | - Danistan    | A t dignoture required         | Luban salastatina) | · .                                      | DATE  |                                   |
|   | Signature, typed or printed name of registered a  | Ţ.   |               | Agent signature required       | WHEIT HINSELLERY)  |  | 74.   |                                   |
| FILE NO Make Check Pay                            |   |  |               | FEE IS \$50.00<br>Department o | f State            |  | •   |                                   |
|   |   |  | 10.           |                                |                    | ADDITIONS/CHAP                           | NGES  |                                   |
| 9.<br>TITLE                                       | MANAGING MEMBERS/MEMBERS  MGR ABBENANTE, RAFAELLE |  | TITLE         |                                | ·····              | ADDITIONOTOTIAL                          | Change  | Addition 8                        |
| NAME  |   |  | NAME          |                                |                    |  |   | 3                                 |
| STREET ADDRESS<br>CITY-ST-ZIP                     | 1401 LANDS END<br>MANALAPAN FL 33462              |  |               | et address<br>- St-Zip         |                    |  |   |                                   |
| TITLE   | : Delete  |  | TITLE         |                                |                    |  | ☐ Change  | Addition                          |
| NAME<br>STREET ADDRESS                            | ·   |  | NAME<br>STREE | E<br>et address                |                    |  |   |                                   |
| CITY-ST-ZIP                                       |   |  | CITY-         | -ST-ZIP                        | 8000044227884<br>  |  |   |                                   |
| TITLE<br>NAME                                     |   |  | TITLE NAME    | 1                              |                    | *****5Ü                                  |   | 133 Addition  -                   |
| STREET ADDRESS                                    | . st  |  | STREE         | ET ADDRESS                     |                    |  | •   |                                   |
| CITY-ST-ZIP<br>TITLE                              |   | □ Delete   | TITLE         | -ST-ZIP                        |                    |  | ☐ Change  | Addition                          |
| NAME  |   | LI Desette   | NAME          |                                |                    |  |   | _                                 |
| STREET ADDRESS<br>CITY-ST-ZIP                     |   |  |               | ET AODRESS<br>-ST-ZIP          |                    |  |   |                                   |
| TITLE   |   | ☐ Delete   | TITLE         |                                |                    |  | ☐ Change  | ☐ Addition                        |
| NAME ,<br>STREET ADDRESS                          |   |  | NAME<br>STREE | E<br>Et address                |                    |  |   |                                   |
| CITY-ST-ZIP                                       |   |  |               | -ST-ZIP                        |                    |  |   |                                   |
| TITLE<br>NAME                                     |   | ☐ Detete   | TITLE         |                                |                    |  | ☐ Change  | ☐ Addition                        |
| STREET ADDRESS                                    |   |  | STRE          | ET ADDRESS                     |                    |  |   |                                   |
| CITY-ST-ZIP                                       | ar an ar      | THE ACT OF THE STATE OF THE STA |               | -ST-ZIP                        | - 140 OP           | OVO Florido Castrano 14 alt              | or portification that the                                   | oformation                        |
| 11. I hereby c                                    | ertify that the information supplied              | with this filing does not qualify for  | tue exer      | mption stated in Se            | scion 119.07(3     | ojuj, rionua Statutes. I turine          | ar certify triat trie if                                    | normation                         |

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.

SIGNATURE: