2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 09, 2001 08:00 AM L00000016239 DOCUMENT # 1. Entity Name **Secretary of State** SUNGATE SECURITIES, LLC Principal Place of Business Mailing Address 2360 UNIVERSITY BLVD. 2360 UNIVERSITY BLVD. SUITE 210 SUITE 210 WINTER PARK WINTER PARK FL FL 32792 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 X 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 HADDOCK EDWARD 2360 UNIVERSITY BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 210** WINTER PARK FL32792 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. <u>EDWARD E.</u> HADDOCK, <u>J</u>R. 02/09/2001 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 Change CR2E083 (11/00) TITLE MGRM X Addition NAME NAME HADDOCK EDWARD EJR. STREET ADDRESS STREET ADDRESS 3260 UNIVERSITY BLVD., SUITE 210 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK \mathbf{FL} 32792 ☐ 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 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 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. Edward E. Haddock, Jr.-02/09/2001

Daytime Phone #

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