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TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7/P

FILED Apr 17, 2002 8:00 am 3 Secretary of State

04-17-2002 90028 039 ****55.00

| DOCUME 1. Entity Name MODERN C | | | | |
|---|-------------|------------------------------------|------------|---------------|
| Principal Place of Business | | Mailing Address | | |
| 1400 CENTREPARK WEST PALM BEACH | | 1400 CENTREPARK West Palm Beach | | |
| 2. Principal Place | of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | 4. FEI Num | |
| Zip | Country | Zip | Country | 5. Certificat |
| 6. Name and Address of Current Registered Agent Name | | | | 7. Name an |

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| WEST PALM BEACH FL 33401 | | WEST PALM BEACH FL 33401 | | | | | |
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| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | |
| | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | е | City & State | | 4. FEI Number Applied Fo Not Applied Fo | _ | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current | | t Registered Agent | | 7. Name and Address of New Registered Agent | | | |
| | | | Name | , | | | |
| SPENCER, GILBERT 1400 CENTREPARK BLVD., STE. 900 WEST PALM BEACH FL 33401 | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | , | City | FL Zip Code | | | |
| 8. The above | named entity submits this statement f | or the purpose of changing its | realstered office or re | egistered agent, or both, in the State of Florida. | | | |
| | · | , , | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agen | it and title if applicable. | : Registered Agent signature | e required when reinstating) 1: | ſ | | |
| | | FILE NO Make Check Pa | WIII FEE IS \$50 yable to Departme By May 1, 2002 | 0.00 ent of State | | | |
| 9. | MANAGING MEMB | ERS/MANAGERS | 10. | ADDITIONS/CHANGES | \dashv | | |
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| NAME | SPENCER, GILBERT | □ Delete | NAME | □ change □ voo | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| STREET ADDRESS | | T 000 | STREET ADDRESS | | \ \ | | |
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| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | • | | <u></u> | | | |
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| NAME | | • | NAME | | - } | | |

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.

SIGNATURE:

MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZfP

Date

Daytime Phone #

Change

☐ Addition