Mar 29, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000003493 02-18-2002 90182 043 ****50.00 OSCEOLA ASSOCIATES, LLC Principal Place of Business Mailing Address 1030 W. INTERNATIONAL SPEEDWAY BLVD. 1030 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address c/o Charles Wayne Properties Inc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 201 SUITE 201 City & State City & State Applied For 4. FEI Number 59-3610680 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.. Name and Address of Current Registered Agent Name tower, Devin Street Address (P.O. Box Number is Not Acceptable) 1030 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114 Zip Code FL 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 (NOTE: Registered Agent signature required when rain stating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition (9/01) TITLE MGRM Celete TITLE ☐ Change NAME NAME TOWER, DEVIN CR2E083 STREET ADDRESS 1030 W. INTERNATIONAL SPEEDWAY BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITEF Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete MBE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME & NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete ☐ Channe NAMÉ NÀME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

FILED

SIGNATUS HEQUIRIDEVIN TOWER JANUARY 22, 2002 SIGNATURE: EXCHATURE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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.