FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2002 8:00 am Secretary of State DOCUMENT # L0100005821 04-22-2002 90150 020 ****55.00 INNOVATION GREEN, LLC. Mailing Address Principal Place of Business 330 S. PINEAPPLE AVE., STE, 210 330 S. PINEAPPLE AVE., STE. 210 SARASOTA FL 34236 SARASOTA FL 34236 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-1109460 \$5.00 Additional Country Country Zip 5. Certificate of Status Desired \mathbf{Z} Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERSSON, DAVID P Street Address (P.O. Box Number is Not Acceptable) 1820 RINGLING BLVD. SARASOTA FL 34236 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 Due By May 1, 2002 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS 9. ☐ Change Addition Sec & Treas. MGRM ☐ Delete TITLE TITLE Zeigler, Jeanne M. NAME NAME FOLSOM SMITH, FRANK 330 S. Pineapple AVve., #210 STREET ADDRESS STREET ADDRESS 330 S. PINEAPPLE AVE., STE. 210 CITY-ST-ZIP Sarasota, FL 34236 CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition Change TITLE ☐ Delete TITLE MGRM NAME NAME FOLSOM SMITH, ANNE STREET ADDRESS STREET ADDRESS 330 S. PINEAPPLE AVE., STE. 210 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Change Addition Delete TITLE MGRM' TITLE NAME ST. JOHN, FRANK NAME STREET ADDRESS STREET ADDRESS 330 S. PINEAPPLE AVE., STE. 210 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-7IP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Change

☐ Addition