FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 30, 2002 8:00 am DOCUMENT # L0100006023 **Secretary of State** 1. Entity Name **HUPUEWA HOLDINGS. L.C.** 07-30-2002 90381 016 ****55.00 Principal Place of Business Mailing Address 4040 WOODCOCK DRIVE 4040 WOODCOCK DRIVE 971635 SUITE 152 SUITE 152 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 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 -3153° Not Applicable Zip 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 RHODES, DANIEL 10des O. Box Number is Not Acceptable) 4040 WOODCOCK DRIVE SUITE 152 JACKSONVILLE FL 32207 KSONVIlle City 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete President TITLE Lettange ☐ Addition Daniel L Phodes JR NAME STREET ADDRESS 12561 both LochLoos A Lane STREET ADDRESS CR2E083 CITY-ST-ZIF CITY-ST-7IP Jacksonville FL 32218 TITLE ☐ Delete FUY DIE SIS TITLE Change ☐ Addition NAME NAME s Rhalis STREET ADDRESS STREET ADDRESS 12561 Lachloosa Lane CITY-ST-7IP CITY-ST-ZIP TITLE Delete . . TITLE NAME NAME Daniel C. Rhodes STREET ADDRESS STREET ADDRESS 12561 Loch10059 Lane CITY-ST-ZIP CITY-ST-ZIP 32218 Jacksonville 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #