FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L0100006270 04-30-2002 90034 024 ****50.00 TOOJAY'S WELLINGTON GREEN, L.L.C. Principal Place of Business Mailing Address 3654 GEORGIA AVE. 3654 GEORGIA AVE. WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 Principal Place of Business 3. Mailing Address 0300 FOREST HILL BLYD ite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ACE H City & State 4. FEI Number Applied For 65-1096658 Not Applicable 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 Name KORENBAUM, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 3654 GEORGIA AVE. **WEST PALM BEACH FL 33405** City 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. (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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE Change ☐ Addition NAME TOOJAY'S MANAGEMENT CORPORATION NAME STREET ADDRESS STREET ADDRESS 3654 GEORGIA AVE. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

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

☐ Delete

4/10/02

561-659-901

☐ Change

☐ Addition