FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 05, 2002 8:00 am Secretary of State DOCUMENT # L01000008349 1. Entity Name BREDER-CAMPBELL, LLC 03-05-2002 90252 001 ***100.00 Mailing Address Principal Place of Business 845 GULF PAVILLION DRIVE #106 845 GULF PAVILLION DRIVE #106 15965 NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. -Applied For City & State City & State 4. FEI Number ★ Not Applicable \$5.00 Additional Country -Zip Country Zip, 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent James R. Nici COX & NICI Street Address (P.O. Box Number is Not Acceptable) COX & Nici 3001 TAMIAMI TRAIL NORTH SUITE 100 3001 Tamiami Trail No., Suite 100 NAPLES FL 34103 Zip Code 34103 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 2-15-02 SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. Change ■ Addition TITLE □ Delete TITLE NAME NAME BREDER, RICHARD F SR. STREET ADDRESS STREET ADDRESS 845 GULF PAVILLION DRIVE #106 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 ☐ Addition Change Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change

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

TITI F

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

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