2002 UNIFORM BUSINESS-REPORT (UBR)

FILED Jan 28, 2002 8:00 am DOCUMENT # L01000014752 Secretary of State 01-28-2002 90004 020 ****50 00 ATLAST FINANCIAL SERVICES, L.L.C. Principal Place of Business Mailing Address 333 NORTH 1ST STREET 333 NORTH 1ST STREET SUITE 210 SUITE 210 JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business ICEAN KIDGE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 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 CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 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. 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE Change ☐ Addition CAMPANARO, F CAMPANARO, RICHARD G NAME NAME STREET ADDRESS STREET ADDRESS 333 NORTH 1ST STREET CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 TITI F MGRM ☐ Delete ☐ Addition TITLE NAME CAMPANARO, RICHARD W NAME STREET ANDRESS STREET ADDRESS 333 NORTH 1ST STREET CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 TITLE Defete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change 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)(1), 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

SIGNATURE

CITY-ST-ZIP