2003 LIMITED LIABILITY COMPANY

Apr 18, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L01000015733 04-18-2003 90080 028 ****55.00 1. Entity Name MOVEOVER, L.L.C. Principal Place of Business Mailing Address 1688 W HIBISCUS BLVD 1688 W HIBISCUS BLVD MELBOURNE FL 32901 MELBOURNE FL 32901 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3745759 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KENNEDY, ELIZABETH E Street Address (P.O. Box Number is Not Acceptable) 1688 W HIBISCUS BLVD MELBOURNE FL 32901 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE Addition TITLE MGRM ☐ Delete Heather Glen Mgmt Corporation 1688 W Hibison Blud Melbourne, Pr 32901 NAME KENNEDY, ELIZABETH E STREET ADDRESS STREET ADDRESS 1688 W HIBISCUS BLVD CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete TITLE TITLE **MGRM** NAME NAME JMAX LLC STREET ADDRESS STREET ADDRESS 1688 W HIBISCUS BLVD CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 TITLE ☐ Delete TITLE Change ☐ Addition **MGRM** NAME NAME MAP ENTERPRISES OF BREVARD INC STREET ADDRESS STREET ADDRESS 1688 W HIBISCUS BLVD CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

ELIZABENT E. Kenned 4/15/03

STREET ADDRESS

CITY-ST-ZIP

FILED