FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L01000015798 1. Entity Name 04-30-2002 90132 022 ****50.00 HAZEN CONTRACTING GROUP, L.L.C. Principal Place of Business Mailing Address 79 SPRING GLEN DRIVE 79 SPRING GLEN DRIVE 947979 DEBARY FL 32713 DEBARY FL 32713 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 Not Applicable Zip Country 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 - -HAZEN, CHAD Street Address (P.O. Box Number is Not Acceptable) **79 SPRING GLEN DRIVE** DEBARY FL 32713 City Zip Code FL 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 (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 TITLE ☐ Change ☐ Addition NAME HAZEN, CHAD NAME STREET ADDRESS STREET ADDRESS 79 SPRING GLEN DRIVE CITY-S7-ZIP CITY-ST-ZIP DEBARY FL 32713 TITLE ☐ Delete TITLE Change 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 ☐ 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

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 exprowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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