Jul 23, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000017625 1. Entity Name 05-22-2002 90207 039 ****50.00 DELPHI LAND, LLC Principal Place of Business Mailing Address 3 y 4 3 & PMB 205 PMB 205 117 RACETRACK ROAD NW 117 RACETRACK ROAD NW FORT WALTON BEACH FL 32547-1697 FORT WALTON BEACH FL 32547-1697 2. Pripcipal Place of Business 3. Mailing Address PMB Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 5 93750639 Not Applicable Zio 32547-USA \$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 WHITMIRE, DRENNEN L JR ESQ. Street Address (P.O. Box Number is Not Acceptable) 450 ROYAL PALM WAY, SIXTH FLOOR PALM BEACH FL 33480 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE De lette TITLE Delphilms INC ☐ Addition 9/01 NAME NAME STREET ADDRESS STREET ADDRESS haliman FL 325 79: CR2E083 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.101991231T (Trust) ☐ Change NAME ■ Addition MAME STREET ADDRESS STREET ADDRESS

CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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 eath; 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.

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		rogiotal ou Agent	Name	7. Itama and Address of Itam Registers	o Mgent	
WHITMIRE, DRENNEN L JR ESQ. 450 ROYAL PALM WAY, SIXTH FLOOR			Street Address (P.O. Box Number is Not Acceptable)			
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the obligations of	ed entity submits this statement for if registered agent.	the purpose of changing its re	gistered office or regist	tered agent, or both, in the State of Florida. I a	m familiar with,	and accept
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SAP MIN	ure, typed or printed name of registered agent ar		legistered Agent eigneture requi		<u> </u>	<u></u>
9.	MANAGING MEMBER	·	10.	ADDITIONS/CHANG		
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1. I hereby certify	that the information supplied with t	his filing does not qualify for th	e exemption stated in S	Section 119.07(3)(i), Florida Statutes, I further	certify that the in	formation

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. DEC 27 April 2002 850 621-5777 SIGNATURE: