FILED 2002 MNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am[§] Secretary of State DOCUM**X**T# **L01000018326** 05-22-2002 90213 008 ****50.00 THE CORE GROUP, L.L.C. Principal Place of Business Mailing Address 8815 CONROY WINDERMERE RD., #318 8815 CONROY WINDERMERE RD., #318 ORLANDO FL 32835 ORLANDO FL 32835 3. Mailing Address 2. Principal Place of Business 2408 COVE P.O. BOX 1922 LEGACY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 359 City & State City & State Applied For FL 6283 MAITLAND ORLANDO Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 2751 ORANGE ORANGE _802 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSS, THOMAS P ESQUIRE Street Address (P.O. Box Number is Not Acceptable) C/O FLORIDA LEGAL GROUP, P.A. **538 VIRGINIA DRIVE** ORLANDO FL 32803 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 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. (9/01) MGRM ☐ Addition TITLE ☐ Delete TITLE Change DR. BUZANNE MILLER NAME 1922 LEGACY COVE STREET ADDRESS STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP CITY-ST-ZIP MGEM TITLE ☐ Delete TITLE Change ☐ Addition MARCELO CASAS NAME NAME 1922 LEGACY COVE STREET ADDRESS STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE GEORGE SYME . Delete TITLE □ Change ■ Addition NAME NAME 1922 LEGACY COVE STREET ADDRESS STREET ADDRESS MAITLAND, FL 32751 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE MICHAEL Mª ALPIN TITLE ☐ Change ☐ Addition NAME 1922 LEGACY COVE NAME STREET ADDRESS STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP CITY-ST-ZIP TITLE 🗀 Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition 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. MICHAEL

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

april 30 coo 401.616-3554