FILED

May 06, 2002 8:00 am § Secretary of State DOCUMENT # L01000019810 DJ GROUP, L.L.C. 05-06-2002 90194 005 ****50.00 Principal Place of Business Mailing Address 4016 RUDDER WAY 4016 RUDDER WAY 999040 **NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652** 2. Principal Place of Business 5960 SEASIDE PR 3. Mailing Address 5960 SEASIDE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NEW PORT RICHEY NEW PORT RICHEY 59 - 3759 304 Not Applicable Zip 34652 Country Country PASCO \$5.00 Additional 5. Certificate of Status Desired 34652 PASCO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEICHER, WILLIAM D. JR. BELCHER, WILLIAM D JR. Street Address (P.O. Box Number is Not Acceptable) 4016 RUDDER WAY **NEW PORT RICHEY FL 34652** 5960 SEASIDE DR. City NEW PORT RICHEY, Zip Code 34652 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 ADDRESS Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS MGR ADDITIONS/CHANGES MGR BELCHER ☐ Delete TITLE Change . ☐ Addition BELCHER, WILLIAM D JR. 5960 SEASIDE DR. NAME STREET ADDRESS **4016 RUDDER WAY** NEW PORT RICHTY, FL 34652 STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP MGR TITLE Delete De TITLE Change ☐ Addition BELCHER, WILLIAM D JR. NAME DUPLICATE NAME STREET ADDRESS **4016 RUDDER WAY** STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP TITLE ---- --- Delete - -JITLE -BELCHER, JILANNE Additio □ Change NAME NAME 5960 SEASIDE DR. STREET ADDRESS STREET ADDRESS NEW PORT RICHEY, FL. 34652 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition 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

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4/22/02

727-844-5747