2006 LIMITED LIABILITY COMPANY

SIGNATURE AND TYPES

DOCUMENT # L03000021200 06 HOV -3 PM 1:45 1. Entity Name RUNABAY HEAD INVESTMENT, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business C/O RICHARD NG C/O RICHARD NG **4800 MAIN STREET** 4800 MAIN STREET KANSAS CITY, MO 64112 KANSAS CITY, MO 64112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 10252006 REIN-LLC CR2E101 (11/05) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Zip Country Zip \$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 NG, RICHARD Street Address (P.O. Box Number is Not Acceptable) 27250 BAY LANDING DRIVE BONITA SPRINGS, FL 34135 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. I am familiar with, and accept the obligations of regist (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to After January 1, 2007, Fee will be \$100.00 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGRM ☐ Delete TITLE ☐ Addition NG, RICHARD NAME 000081476880 STREET ADDRESS 4800 MAIN ST STREET ADDRESS 11/03/06--01003--010 **55.00 CITY-ST-ZIP KANSAS CITY, MO 64112 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete TITLE TITLE 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 exemptions contained in Chapter 119, Florida Statuts 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 nimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. that the information SIGNATURE? R PRINTED NAME OF SIGNING MANAGING MEMB R, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED