DOCUMENT #1 04000063237

FILED May 13, 2005 8:00 am Secretary of State 02-03-2005 90112 031 ****50.00

| 1. Entity Name CULTURE WITHOUT BORDERS, LLC | | | | |
|--|--|--|-------------------------------|--|
| Principal Place of Business 1421 GOLFVIEW DRIVE DAYTONA BEACH, FL 32114 | | Mailing Address 1421 GOLFVIEW DRIVE DAYTONA BEACH, FL 32 | 114 | ~~nan919 |
| Principal Place of Business 3. Mailing Address | | | | |
| | | | | L LOGITOTA DEL COMO FITTH BEST. BETTA BETTA BETTA DELCA DELCA PATTO ATTA CREAT FRANCES FRANCES FRANCES FRANCES |
| Suite, Apt. #, etc. | | Suite, Apt. #. etc. | | 01282005 Chg-LLC CR2E083 (10/03) |
| City & State | | City & State | | 4. FEI Number 34 -2012631 Applied For Not Applicable |
| Zip | Country | Zip | Country | Certificate of Status Desired |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent_ |
| PERSCHMANN, LUTZ | | | Name | |
| 1182:SUWANEE ROAD DAYTONA BEACH, FL FL321-14 | | | Street Add | ress (P.O. Box Number is Not Acceptable) |
| | | | | |
| | | | City | FL Zip Code |
| 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 registered agent. | | | | |
| SIGNATURE Signature, typed or printed name of registered open and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE | | | | |
| | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to . Florida Department of State |
| 9. | MANAGING MEMBE | | 10. | ADDITIONS/CHANGES |
| NAME- STREET ADDRESS | JEHA BUFCCHA | Delete | TITLE NAME | ☐ Change ☐ Addition |
| CITY+ST-ZIP | 1421 GOLTVIEW D DAY TOWA BEACH | NIVE . 72, 32114 | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | , | Defete | TITLE | ☐ Change ☐ Addition |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | ☐ Delete | CITY-ST-ZIP | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | , | - | NAME STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
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| NAME | • | المستعدد المستعدد | NAME | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE | | Delete | TITLE | . Change Addition |
| NAME STREET ADDRESS. | and the state of t | : | NAME STREET ADDRESS | |
| 11. I bereby c | ertily that the information suggested with | this Ding does not hits black | CITY-SI-ZIP | In Section 119 07/3VII Florida Statutes blumbar partity that the internation |
| 11. I hereby certify that the information supplied with this filling does not platify 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 ceth; 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. | | | | |
| 34 600 4 4 4 | | | | |
| SIGNATURE: UNCLUS AND TYPED OR PROTED MANE OF BLONKING MANAGENG MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE | | | | |