2006 LIMITED LIABILITY COMPANY

Secretary of State 04-20-2006 90034 005 ****50.00 DOCUMENT # L05000096721 1. Entity Name TOURIST PLAZA ASSOCIATES, LLC Principal Place of Business Mailing Address 30007078 7582 WEST SAND LAKE ROAD 7582 WEST SAND LAKE ROAD ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-LLC CR2E083 (11/05) 4. FEI Number 4295135 Applied For City & State City & State Not Applicable \$5.00 Additional Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAALI, BASSEL Street Address (P.O. Box Number is Not Acceptable) 7582 WEST SAND LAKE ROAD ORLANDO, FL 32819 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 registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS MGRM TITLE ☐ Change Addition TITLE Deleta MAALI, BASSEL NAME NAME STREET ADDRESS STREET ADDRESS 7582 WEST SAND LAKE ROAD CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP ■ Addition TITLE Delete TITLE Change RASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Chance TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NUME

FILED

May 04, 2006 8:00 am

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 preciver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

9106 SIGNATURE

STREET ADDRESS

CITY-ST-ZIP