2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 07, 2008 8:00 am Secretary of State **DOCUMENT #L07000001255** 1. Entity Name 04-07-2008 90236 016 ***138.75 ARTPAD, L.L.C. Principal Place of Business Mailing Address COODADOV 2134 SHEPARD ST. 2134 SHEPARD ST. JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32211 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 Chg-LLC CR2E083 (12/08) City & State Applied For City & State 4. FEI Number X Not Applicable Zip Country Country \$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 SLOTT, BARKER & NUSSBAUM Street Address (P.O. Box Number is Not Acceptable) 334 EAST DUVAL STREET JACKSONVILLE, FL 32202 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 registered agent. 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 \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 MGR Addition TITO F TITLE ☐ Change □ Delete NAME SOLANO, SUZZETTE NAME STREET ADDRESS 2134 SHEPARD ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 CITY-ST-ZIP ☐ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ■ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TTDE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: