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AMENDMENT

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2003 FOR PROFIT CORPORATION

03 MAY 16 AM 10: 23 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L50904 t. Emily Name HUGH HESLIN TRIM WORK, INC. SECRETARIT OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 13458 80TH LANE NORTH 13458 80TH LANE NORTH WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FFI Number Applied For 65-0175566 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HESLIN, HUGH 13468 90TH LANE NORTH Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL. 33412 Zip Code 8. The above hamed 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. FUE NOWILLS FEE IS \$150.00 After May 1, 2005 Fee only be \$550.00 Make Check Payable to Flands Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delene 1016 VPD Change HESLIN, JULIE NAME NAME HESLIN, RYAN 13458 BOTH Lang Noath STREET ADDRESS 13458 80TH LANE NORTH STREET ADDRESS WEST PALM BEACH, FL 33412 CITY-ST-2IP CITY-ST-ZIP WEST PALM BEACH, FL 33412 \$1002032@Change 80 Addition 09/03/03--01007--007 \*\*61.25 ☐ Defete NAME HESLIN, HUGH NAME 13458 80TH LANE NORTH STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33412 CITY ST.7P CITY-ST-ZIP TITLE TITLE Change Delene Addition MANE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1 CITY-ST-ZIP TITLE ☐ Delete 1/1£6 ☐ Change Addition MAME NAME STREET LANGUESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 1ft ☐ Change Addition NAME NAME STREET ADDRESS STREET ATTREES CITY-ST-2IP CITY-ST-ZIP TITLE Delete TOLF ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as If made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if

(561)

CRZE034 (10/02)