SIGNATURE:

FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State DOCUMENT # L58093 1. Entity Name 05-27-2002 90309 016 ***150 00 LA FINANCIAL, INC. Principal Place of Business Mailing Address 121 NORTH OSCEOLA AVE. 121 NORTH OSCEOLA AVE. CLEARWATER FL 33755 **CLEARWATER FL 33755** 2. Principal Place of Business 3. Mailing Address 17757 US19 17757 US19 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Switte 2 Juite 775 City & State City & State 4. FEI Number Applied For 59-3263720 FL Chearwater Not Applicable \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Lee & arnold Sr. ARNOLD, LEE, E., JR Street Address (P.O. Box Number is Not Acceptable) 17767 US 19 North Suite 275 121 N OSCEOLA ST. CLEARWATER FL 33755 Suite 275 ²¹33464 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 ee e. UrnoldsJr. 4-29-*0*2 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE NAME ARNOLD, LEE, E Lee E. arnolds Jr NAME 17767 US 19 north, Suitea75 121 N OSCEOLA STREET ADDRESS STREET ADDRESS Clearwaters FL 33764 **CLEARWATER FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Laura Klua NAME NAME 3602 morrison Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME- # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 of these empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver of changed, or on an attachment with

ED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01