2000 UNIFORM BUSINESS REPORT (UBR) FILED L64846 Apr 13, 2000 8:00 am Secretary of State **DOCUMENT#** 1. Entity Name MONTEGO FINANCIAL GROUP, INC. 04-13-2000 90085 032 \*\*\*150.00 Principal Place of Business Mailing Address A0038269 2. Principal Place of Business 3. Mailing Address 1323 S.E. THIRD 1323 S.E. THIRD AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FORT LAUDERDALE, FL 65-1254000 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33316 333*16* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOVING, JACK R. Street Address (P.O. Box Number is Not Acceptable) 1323 S.E. THIRD RUE. FORT LAUSER DALE, FL 33316 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change Phipps, PATRICIA BURDINE NAME NAME 1323 S.E. THIRD AVENUE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL. 33316 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition BATES, BRETTE B NAME NAME 1323 S.E. THIRD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33316 CITY-ST-ZIP TITLE ☐ Delete Change Addition HOOTON, ZABA DUTTON NAME NAME 1323 S.E. THIRD AVENUE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33316 CITY-ST-7IP 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 ST-ZIP CITY-ST-7)P

13. Thereby 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

THE PATRICIA B. Phipps March 31, 1000 828 452186