2000 UNIFORM BUSINESS REPORT: (!/🕏 R) DOCUMENT # L98000000279 SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name SECURITY LAMINATING OF FLORIDA, L.C. 00 JUN -9 PM 1:21 Principal Place of Business Mailing Address 50 S.E. KINDRED STREET, SUITE 107 50 S.E. KINDRED STREET, SUITE 107 STUART FL 34994 STUART FL 34994-3061 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 15-0843613 Not Applicable Ζiρ \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOBBINS, KAREN M Street Address (P.O. Box Number is Not Acceptable) 50 S.E. KINDRED STREET, SUITE 107 STUART FL 34994 Zip Code City 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 (1 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES CR2E083 (9/99) TITLE Change Addition TITLE MGR Delete SECURITY LAMINATING OF THE PLM BCHS, INC. MAME MAME 900003300329 STREET ADDRESS 371 SOUTH FEDERAL HIGHWAY STREET ADDRESS -06/22/80--01012--005 CITY-81-ZIP CITY- ST- 71P STUART FL 34994 *****50.00 Delete TITLE TITLE MAME STREET ADDRESS STREET ANNRESS CITY- ST- ZIP CITY- 21-717 Colfibba C TITLE Change Delete MAME MARKE STREET ADDRESS STREET ADDRESS CITY- ST-ZIP C1TY- 8T-7(P Addition TITLE Change 7M1F Deleto NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP ☐ Deducte TITLE Addition TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-ZIP 11. 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 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.

MEMBER OR MANAGER

SIGNATURE A

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