APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** L98000001625 1. Entity Name 00 MAY 19 AM 11:43 YourVillage.Com SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. Box 13746 2700 Apalachee Parkway Tallahassee, Fl 32301 Tallahassee, Fl 32317 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 59-3531641 Not Applicable Country \$5.00 Additional Zip 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 Kaplan, Mark E Street Address (P.O. Box Number is Not Acceptable) 106 East College Avenue Ste 1200 Tallahassee, Fl 32301 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. Change ☐ Addition TITLE TITLE ☐ Delete President NAME 900003289648-MERM Adam Levinson STREET ADDRESS -06/14/00--01102--013 STREET ADDRESS 3473 GardenView Way CITY-ST-ZIP CITY-ST-ZIP *****55.00 ******25,00 Tallahssee, Fl 32301 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition TITLE Delete _ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.