APPROVED 20.00 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 00 MAY 1 F PM 12: 29 L99000000164 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA OLMSTED ENTERPRISES, LLC Principal Place of Business Mailing Address 6924Stonefield Loop 200 E. Robinson Street Heathrow, Florida 32746 Suite 500 Orlando, Florida 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3607461 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Florida Corporate Support, Inc. Street Address (P.O. Box Number is Not Acceptable) 200 E. Robinson Street Suite 500 Orlando, Florida 32801 City 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. CORLDA FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Addition TITLE TITLE Change MGR Delete NAME Olmsted, John Gregory Sr. STREET ADDRESS STREET ADDRESS 692 Stonefield Loop CITY-ST-ZIP CITY-ST-ZIP Heathrow, F1 32746 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP__ CITY - ST - ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 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.

NAME

STREET ADDRESS CATY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRES

CITY-ST-ZIP

TOHN 6 OLMSTED SR - MANAGER

☐ Delete

04-12-00

Davtime Phone #

Change

☐ Addition