FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 25, 2002 8:00 am DOCUMENT # L9900003162 Secrétary of State 1. Entity Name 07-25-2002 90128 017 ****50.00 INSIGHT INVESTIGATIONS, LLC Principal Place of Business Mailing Address 877 EMERALD BAY DRIVE 877 EMERALD BAY DRIVE DESTIN FL 32541 97133 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3579105 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDREWS, PATRICK J Street Address (P.O. Box Number is Not Acceptable) 877 EMERALD BAY DRIVE DESTIN FL 32541 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. I am familiar with, and accept the obligations of registered agent. DATE . . . FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Change ☐ Addition ☐ Delete ANDREWS, PATRICK NAME NAME STREET ADDRESS **877 ÉMERALD BAY DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 MGR Delete TITLE Change ☐ Addition SEYMOUR, ROBERT W NAME NAME STREET ADDRESS **579 EISENHOWER DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARENGO IL 60152 ☐ Delete TITLE ☐ Change Addition 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-7IP CITY-ST-ZIF TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

tation PUPCHELOUIRED

☐ Delete

07/23/02

850 654-497S

☐ Change .

Addition

Daytime Phone #