APPROVED

Nov. 1 28, 2000 GSY-81-525

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003226 100 HAY -2 PM 12: 35 1. Entity Name REAL INTELLECTUAL PROPERTIES LLC SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 469 N.E. 207 LANE. SUITE 104 469 N.E. 207 LANE, SUITE 104 NORTH MIAMI BEACH FL 33179-1968 NORTH MIAMI BEACH FL 33179 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State ✓ Not Applicable Country Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rogers ROGERS, SCOTT L ESQ Street Address (P.O. Box Number is Not Acceptable) 107 200 S. BISCAYNE BOULEVARD, SUITE 4900 MIAMI FL 33131 Zip Code 33021 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** 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 Pavable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. □ Addition TITLE Chance TITLE **MGRM** ☐ Deteta NAME NAME METZ, MARK STREET ADDRESS 469 N.E. 207 LANE, SUITE 104 STREET ADDRESS CITY-8T-Z(P CITY-ST-ZIX NORTH MIAMI BEACH FL 33179 ☐ Change ☐ Deleta ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-81-21P <u> 500003260725--6</u> --05/13/00--01@**Change** ()(1) Addition TITLE ☐ Delete TITLE *****50.00 ****50.00 RAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY- ST- 7IP ___ Addition Delete TITLE TITI F MAME MAME STREET ADDRESS STREET ADDRESS CITY- ST- 71P CITY-ST-ZIP Change **■ Addition** ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Chance ☐ AddOtion TITLE ☐ Delete TITLE NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER