FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOCUMENT # L99000006770 05-22-2002 90255 049 ****50 00 BAY DEVELOPMENT COMPANY, L.L.C. Principal Place of Business Mailing Address PO BOX 27879 520 COMMERCE DRIVE PANAMA CITY FL 32411-7879 PANAMA CITY FL 32408 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For. ... 4. FEI Number City & State City & State 59-3603698 Not Applicable \$5.00 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMIS, NANCY R Street Address (P.O. Box Number is Not Acceptable) **520 COMMERCE DRIVE** PANAMA CITY FL 32408 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition Change Delete TITL F TITI F MGRM NAME NAME AMIS, NANCY R STREET ADDRESS STREET ADDRESS **520 COMMERCE DRIVE** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32408 Addition Change TITLE ☐ Delete TITLE MGRM NAME NAME RUSSELL, JEFF STREET ADDRESS STREET ADDRESS **520 COMMERCE DRIVE** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY-FL 32408 Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

SIGNATURE: ALLE SIGNATURE AND TYPED OFFINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #