APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L99000008131 1. Entity Name 00 MAY 25 PM 12: 36 LANSKY & COURTNEY, P.L. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 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 59-3610007 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LANSKY, GLEN R. 313 E. Robertson Street <u> 米米米米米50 00</u> Brandon, FL 33511 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 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 MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. X Addition TITLE Change ☐ Delete Managing Member TITLE NAME NAME Glen R. Lansky STREET ADDRESS STREET ADDRESS 313 E. Robertson St. CITY-ST-ZIP CITY-ST-ZIP Brandon, FL 33511 ☐ Change X Addition ☐ Delete TITLE TITLE Managing Members NAME NAME Patrick B. Courtney STREET ADDRESS STREET ADDRESS 313 E. Robertson CITY-ST-ZIP CITY-ST-ZIP Brandon ☐ 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 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ 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 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

(813) 657-1995

Daytime Phone #

May 25, 2000