## APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 199 00000 8)32 Super Blue SKY, LLC 00 HAY -1 AM 8: 52 SECRETARY OF STATE Principal Place of Business 5533 Central Ave. Suit B 5533 Central Ave. Suit B 5533 Central Ave. Suit B 55. Retensible 6, P2. 33710 54. Retensible 6, P2. 33710 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number APPLIED FOR Applied For City & State City & State Not Applicable 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 BANDAIN W. DREW 5533 CENTRAL AVE Suite B Name Street Address (P.O. Box Number is Not Acceptable) St. PexASBURG, PL. 33710 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. 800003256438--9 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State -05/18/00--01007---005 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Change ☐ Addition MANAGER TITLE RANGAII W. DREW 5533 CENTRAL AVE. Soit B 51. RETENTBURG, FZ. 33710 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 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 pustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Destrict Phone #