APPROVED 200¢ UNIFORM BUSINESS REPORT (UBR) L99000009073 DOCUMENT # 1. Entity Name 00 JUN -2 AMII: 33 LRB64, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal:Place of Business 12995 S. Cleveland Ave. #214 12995 S. Cleveland Ave. #214 Fort Myers, FL 33907 Fort Myers, FL 33907 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 City & State City & State 65-0982818 Not Applicable Country Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Mark J. Price Street Address (P.O. Box Number is Not Acceptable) Roetzel & Andress 850 Park Shore Drive, Trianon Centre, Third Flr. Naples, FL 34103 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATÉ FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. ☐ Addition Change TITLE Delete TITLE North American Properties Investors, Ltd. NAME NAME 12995 S, Cleveland Ave, #214 STREET ADDRESS STREET ADDRESS Fort Myers, FL 33907 CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE Delete Jimmy R. Adkins Ū4: NAME NAME 12995 S. Cleveland Ave. #214 STREET ADDRESS STREET ADDRESS Fort Myers, FL 33907 \*\*\*\*\*50.00 \*\*\*\*50.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE Dale G. Hafele NAME NAME 12995'S, Cleveland'Ave, #214" STREET ADDRESS STREET ADDRESS Fort Myers, FL 33907 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE North American Properties NAME NAME Southeast, Inc. STREET ADDRESS STREET ADDRESS 12995 S. Cleveland Ave. Ste214 CITY-ST-ZIP CITY-ST-7IP Fort Myers, FL 33907 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME; STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Thereby 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. Inc. by: Susan M. Sprehn North American Properties SE, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF