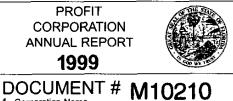
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 16, 1999 8:00 am Secretary of State

06-16-1999 90011 002 ***558.75

BLAKELY & PEARSON CORPORATION Mailing Address Principal Place of Business C/O JACK K. BLAKELY C/O JACK K. BLAKELY 11737 N.W. 12 STREET 11737 N.W. 12 STREET DO NOT WRITE IN THIS SPACE PEMBROKES PINES FL 33026 PEMBROKES PINES FL 33026 3. Date Incorporated or Qualifed 01/16/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2485104 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible □No 29 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BLAKELY, JACK K 82 Street Address (P.O. Box Number is Not Acceptable) 11737 N.W. 12 STREET PEMBROKE PINES FL 33026 83 Zip Code 84 City 85 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change ☐ Addition TITLE NAME BLAKELY, JACK K 12 NAME STREET ADDRESS 11737 N.W. 12 STREET 1.3 STREET ADDRESS PEMBROKE PINES FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ OELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE ☐ Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

8.4 CITY-ST-ZIP CITY-ST-ZIP rmation 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 of a supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an property of provided ecceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the inform indicated on this annual reproficer or director of the confidence attachment with an address, with all other like empowered.

SIGNATURE:

WALL Work KRBlaKEI OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)