2003 FOR PROFIT CORPORATION

FILED Mar 05, 2003 8:00 am § Secretary of State UNIFORM BUSINESS REPORT (UBR M86510 DOCUMENT # 1. Entity Name 03-05-2003 90060 017 ***150.00 RANDY'S DELIVERY SERVICE, INC. Principal Place of Business Mailing Address P.O. BOX 426 P.O. BOX 426 LCR 347 AT C-346 LCR 347 AT C-346 CHIEFLAND FL 32626 CHIEFLAND FL 32626 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 59-2892418 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARRINGTON, RANDELL A. Street Address (P.O. Box Number is Not Acceptable) LCR 347 AT C-346 CHIEFLAND FL 32626 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition ARRINGTON, RANDELL A NAME NAME LCR 347 AT C-346 STREET ADDRESS STREET ADDRESS CHIEFLAND FL 32626 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other

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