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|---|---------------------|---|---|------------|--|--------------------------------------|---|--------------------------|-----------------|--------------------|---------------------------|
| <ol> <li>Entity Name</li> </ol>                   |                     | 1110000                                       | 001219  |            |  |                                      |   |                          | , poer 1100.    |                    |                           |
| URBAN COFFEE OPPORTUNITIES, LLC                   |                     |   |   |            |  | FILED                                |   |                          |                 |                    |                           |
|   |                     |   |   |            |  | 01 HAY 21 AM 7:59                    |   |                          |                 |                    |                           |
| Principal Place of Business Mailing Address       |                     |   |   | ]          |  | CEC 1 CT A                           | TV DE CT                                | N TU                     |                 |                    |                           |
| 2401 UTAH AVE SOUTH MS S-LA1<br>SEATLE WA 98134   |                     | -   | 2401 UTAH AVE SOUTH MS S-LA1<br>SEATLE WA 98134 |            |  |                                      | SECLETARY OF STATE TALLAHASSES, FLORIDA |                          |                 |                    |                           |
| 2. Principal Place of Business 3. Mailing Address |                     |   |   |            |  |                                      |   |                          |                 |                    |                           |
|   |                     |   |   |            |  | •                                    |   |                          |                 |                    |                           |
| Suite, Apt. #, etc. Suite, Apt. #, etc.           |                     |   |   | DO NOT W   |  |                                      |   | RITE IN THIS SPACE       |                 |                    |                           |
| City & State                                      |                     |   | City & State                                    |            |  |                                      | 4. FEI N                                | 91-18962                 | 33              | <u> </u>           | plied For<br>t Applicable |
| Zip   | p Country Zip       |   | Zip   | Country    |  |                                      | 5. Certif                               | icate of Status Desire   | d 🗆             | \$5.00 Add         |                           |
|   | 6. Name             | and Address of Current Regis                  | tered Agent                                     |            |  |                                      | 7. Name                                 | and Address of Ne        | w Registered    | Agent              |                           |
|   |                     |   |   |            | Name   |                                      |   |                          |                 |                    |                           |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET      |                     |   |   | Street A   | Street Address (P.O. Box Number is Not Acceptable) |                                      |   |                          |                 |                    |                           |
| TALLAHASSEE FL 32301                              |                     |   |   |            |  |                                      |   |                          | •               |                    |                           |
|   |                     |   |   | City       |  |                                      |   | FI                       | Zip Code        | 9                  |                           |
| 3. The above                                      | named entity        | y submits this statement for the p            | ourpose of changing its r                       | egistere   | ed office or                                       | r registere                          | ed agent, o                             | or both, in the State of | Florida.        |                    |                           |
|   |                     |   |   |            |  |                                      |   |                          |                 |                    |                           |
| SIGNATURE .                                       | Signature, typed    | or printed name of registered agent and title | if epplicable. (NOTE:                           | Registere  | d Agent signat                                     | ture required v                      | when reinstatir                         | ng)                      | DATE            |                    | <del></del>               |
|   |                     |   | FILE NO   | VA/111 1   |  | en on                                |   |                          |                 |                    |                           |
|   |                     |   | Make Check Pay                                  |            | •  |                                      | State                                   |                          |                 |                    |                           |
|   | <u>.</u>            |   |   |            |  |                                      |   | ADDITIO                  | UC / CLIANCE    |                    |                           |
| ITLE  | MOD                 | MANAGING MEMBERS/1                            | XX Delete                                       | 10.        | <del></del>  | Mana                                 | ger                                     | POLITCION                | NS/CHANGE       | S ☐ Change         | <b>☆</b> Addition         |
| IAME  |                     | MGR XXDelete . TIT NA                         |   |            |  | Manager □ Change Ŋ<br>  Kilwine, Pat |   |                          |                 |                    | 74                        |
| TREET ADDRESS                                     |                     |   |   | ET ADDRESS | 2401   | 1)1 Utah Avenue South                |   |                          |                 |                    |                           |
| CITY-ST-ZIP                                       | SEATLE V            | VA 98134                                      |   | ┩          | -ST-ZIP  |                                      | attle, WA 98134                         |                          |                 |                    |                           |
| TLE ;   | MGR                 |   | Delete  | TITLE      |  | Mana                                 |   | _                        |                 | ⊂ Change           | Addition                  |
| iame<br>Treet address .                           | HUBINTELD, ARTHUR   |   |   | ET ADDRESS | Wesl   | Ley, M                               | lark                                    | +h                       |                 |                    |                           |
| ITY-ST-ZIP  | 1240 UIAN AVE SOUIN |   |   | CITY       | -ST-ZIP  |                                      | 1 Utah Avenue South<br>tle: WA 98134    |                          |                 |                    |                           |
| ITLE  | MGR                 |   | ☐ Delete  | TITLE      | i .  |                                      | , , , ,                                 | 7010                     |                 | Change             | ☐ Addition                |
| IAME  | CRAIG, BI           | RUCE  |   | NAM        |  |                                      |   |                          |                 |                    |                           |
| TREET ADDRESS                                     |                     | H AVE SOUTH                                   | +   |            | et address<br>-st-zip                              |                                      |   |                          |                 |                    |                           |
| TTLE  | SEATLE V            | VA 96134                                      | □ De!ete  | TITLE      |  |                                      |   |                          |                 | Change             | Addition                  |
| IAME  |                     | I, EARVIN JR                                  | <u> </u>  | NAM        |  |                                      |   | 9000004<br>-06/1         | 1420            | 719-               | - <u>-</u> 0              |
| TREET ADDRESS                                     |                     | SHIRE BLVD SUITE 1060 W                       |   |            | ET ADDRESS   |                                      |   | -06/1                    | 4/U1L           | 1] ] ] ] ]  []     | 108<br>0 00               |
| ITY-ST-ZIP  |                     | HILLS CA 90212                                |   | +          | -ST-ZIP  | <u></u>                              |   | ***                      | *50.00          |                    |                           |
| ITLE<br>IAME &                                    | MGR                 |   | ☐ Delete  | TITLE      |  |                                      |   |                          |                 | ☐ Change           | Addition                  |
| iame 👶<br>Itreet addréss :                        |                     | ), Kenneth<br>Shire BLVD Suite 1060 W         |   |            | ET ADORESS   |                                      |   |                          |                 |                    |                           |
| ITY-ST-ZIP  |                     | HILLS CA 90212                                |   |            | -ST-ZIP  |                                      |   |                          |                 |                    |                           |
| ITLE  | MGR                 |   | ☐ Delete  | TITLE      | :  |                                      |   |                          |                 | Change             | Addition                  |
| AME   | STARBUC             | KS CORPORATION                                |   | NAM        |  |                                      |   |                          |                 |                    |                           |
| TREET ADDRESS                                     |                     | H AVE SOUTH                                   |   |            | ET ADDRESS<br>-ST-ZIP                              |                                      |   |                          |                 |                    |                           |
| ITY-ST-ZIP  | SEATLE V            |   | iling does not qualify for                      |            |  | tod in Sac                           | tion 110 (                              | 7/2Vi) Florido Statut    | no I further co | ertify that the in | oformation                |

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 informatic 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:

Bruce Craig, manager

(206) 318-1575

CR2E083 (11/00)