APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) M99000022054 **DOCUMENT#** 1. Entity Name 00 MAY -6 AM II: 26 NEWSCOPE FINANCIAL PARTNERS, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 12 MAUCHL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State Not Applicable 33-0840122 Country \$5.00 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 Clorida Compliance Specialists Street Address (P.O. Box Number is Not Acceptable) LAPAYETTE St. Suite F. TALLAHASSER, FL. 32301 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 10. ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS President + C&O ☐ Addition Change Delete TITLE Kyls Francion MGRM, MGR 28361 Clarated DRIVE NAME STREET ADDRESS STREET ADDRESS LAGUNA NIGUAL, (4 9267) SECRETARY & CFO DAVID HOLMES MGRM D2861 VIA ORVIETO CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS MONARCH BEACH, CA 92629 CITY-ST-ZIP CITY-ST-ZIP Addition. TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ★国家物的医门 □[Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLÉ ☐ Delete NAME'; NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: KIG FRANCIS 3-20-00 949-727-3525

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.