FILED 2003 NOT-FOR-PROFIT CORPORATION May 08, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR pocument # N01000008318 05-08-2003 90175 005 ****61.25 1. Entity Name TREES ARE BEINGS, INC. Principal Place of Business Mailing Address 1000 VENETIAN WAY, STE, 2101 1000 VENETIAN WAY, STE. 2101 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Mailing Address Principal Place of Business 376 M.E. N.E. 3 56 ST. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 02-0632176 City & State City & State Not Applicable Mllami \$8,75 Additional Zip Country Country П 5. Certificate of Status Desired Fee Required ひ とみ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WORLD CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2665 S. BAYSHORE DR., STE. 703 MIAMI FL 33133 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Fiorida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change DP TITLE TITLE Delete NAME NAME KAY, MELANIE STREET ADDRESS 1000 VENETIAN WAY, STE. 2101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME KAY, JOSHUA STREET ADDRESS STREET ADDRESS 1000_VENETIAN_WAY, STE. 2101 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Addition Change TITLE TITLE NAME NAME HADLER, ALISON M STREET ADDRESS STREET ADDRESS 1000 VENETIAN WAY, STE. 2101 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ■ Addition Change Delete TITLE NAME NAME

12. 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 or supplemental report of 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 617, 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 like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Sign