2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N22125 May 19, 2000 8:00 am 1. Entity Name Secretary of State FARQUHARSON ACLF INC. 04-21-2000 90110 023 ****75.00 Principal Place of Business Mailing Address EVELYN FAROHARSON **EVELYN FAROHARSON** 4363 NW 202ST 4363 NW 202ST MIAMI FL 33055-1529 CAROL CITY FL 33055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE City & State Applied For Not Applicable Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brown FARQUHARSON, EVELYN 4363 NW 202ST MIAMI FL 33055 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition DP TITLE TITLE Delete MAME NAME FARQUHARSON, EVELYN STREET ADDRESS STREET ADDRESS 4363 NW 202ST CITY-ST-ZIP CITY-ST-ZIP CAROL CITY FL 33055 Delete DVP TITLE TITLE 'FARQUARSON: DAVID - -NAME . NAME STREET ADDRESS STREET ADORESS 1900 SAN SOUCIA BLVD, 1405 CITY-ST-7/P CITY-ST-ZIP Addition Change TITLE TITLE Delete 🕽 BROWN, MATRICE IVELLUS NAME STREET ADDRESS 4383 N.W. 202 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAROL CITY FL 33055-1529 ☐ Addition TITE E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR