2001 UNIFORM BUSINESS REP()RT (UBR) FILED May 30, 2001 8:00 am DOCUMENT # N94000003852 / 1. Entity Name **Secretary of State** 05-30-2001 90035 035 ****61.25 THE PALMS AT KENDALL, INC. Principal Place of Business Mailing Address . 8943 S.W. 113 Place 400 S.W. 107 Ave. Miami, FL 33176 A0072331 Suite 312 Miami, FL 33174 3. Mailing Address 2. Principal Place of Business Same as above Same as above Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 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 ANDY BOAN Oneida Moreno Street Address (P.O. Box Number is Not Acceptable) 400 S.W. 107th Ave. Ste 312 <u>8943 SW 113 Place</u> Miami, FL 33174 City **Miami** Zip Code **33176** 8. The above named entity submits this statement for the purpose of changing its agistered office or registered agent, or both, in the state of Florida SIGNATURE 🔀 (NOTE Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61:25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS President/Director ☐ Change TITLE TITLE ☐ Defete Andy Boan 8943 S.W. 113 P Miami, FL 33176 NAME NAME STREET ADDRESS SIREET ADDRESS 113 Place CITY-ST-ZIP CITY-ST-ZIP Secretary/ /Director Delete ☐ Change Addition TITLE TITLE NAME NAME Ricky Serrano STREET ADDRESS STREET ADDRESS 8881 S.W. 113 Place CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33176' TITLE ☐ Delete TITLE ☐ Change Addition Treasurer/Director NAME NAME Raul Malave STREET ADDRESS STREET ADDRESS 11301 S.W. 88 Terrace CITY-ST-7IP CITY-ST-ZIP Miami, FL 33176 TITLE Vice-President/Director Delete TITLE Change Addition NAME NAME Joe Granda STREET ADDRESS STREET ADDRESS 8922 S.W. 113 Ave. Miami, FL 33176 CITY-ST-ZIP CITY-ST-ZIP Change Addition Director ☐ Delete NAME NAME Arlander Barker 8850 S.W. 113 Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33176 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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: X ALJY BOAN AVINDENT 4/25/201 (305) 220-5684