2003 NOT-FOR-PROFIT CORPORATION

| Principal Place of Business Sign Apt. 4, etc. City A State City A Acceptable The collegacross of repatients again, or both, in the State of Florida I can familiar wife, and accepts the city and accepts and accepts and accepts acceptable in Florida Department of State City A St | | CUMENT # N9500 | | | RT (U | BR) | Ja∃ ∃ S | n 15, 2003 ecretary o | of St | u am ate |
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| 31 SCHOOL RD. 32 Perincipaal Place of Business 3. Ms ling Address Suite, Apt. #, etc. City & State Registered Agent 7. Name and Address of New Registered Agent Norma Struct Andress (P.O. Box humber is Not Acceptable) Struct Andress (P.O. Box humber is Not Acceptable) Struct Andress (P.O. Box humber is Not Acceptable) The above named entry submits this altatement for the purpose of changing its registered agent, or both, in the State of Forica. Lam familiar with, and accept the purpose of registered Agent are the Pasteron. PLE NOW: FEE IS \$61.25 S. Election Campaign Financing That Fund Controlling The Address (P.O. Box humber is Not Acceptable) Michano, myraid or princip away all registered Agent are the Pasteron. POTE Registered Agent agreement a | i. Chilly | ivame | | | | | | | | |
| 311 SCHOOL RD. DIPMAN HER BOH FL 32937 US 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applicable Check Here IF MAKING CHANGES Zp Country Zip Country Zip Country E. Certificate of Status Desired St. 75 Additional Res Reported 6. Name and Address of Current Registered Agent Name Street Address of New Registered Agent Res Re | Principal I | Place of Business | Mailing A | Address | | - VEIVE | 4 | | | |
| Suite, Apt. 4, etc. City & State | 311 SCHOOL RD. INDIAN HBR BCH FL 32937 | | 311 SCHO | 311 SCHOOL RD. INDIAN HBR BCH FL 32937 | | | 90002407 | | | |
| Suite, Apt. 4, etc. City & State | 2. Princip | al Place of Business | 3. Mailing | Address | | | | | | |
| City & State Ci | Suite, Apt. #, etc. | | Suite, | Suite, Apt. #, etc. | | | - | | | |
| Apolled For Most Application S. Certificate of Status Desired | City & S | State | City 8 | State | | <u> </u> | <u>l</u> | | CHANGE | <u> </u> |
| S. Certificate of Status Desired \$8.75 Additional Foe Required \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) HOPEWELL, FRAN 311 SCHOOL RD Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL | Zin | | | | | | 4. FEI Number 5 | 9-3325734 | | |
| ## HOPEWELL, FRAM 311 SCHOOL RD. INDIAN HARBOUR BCH FL 32937 City FL Zip Code | Σ.ρ | | 1 | | Count | try | 5. Certificate of S | | \$8.75 A | dditional |
| HOPEWELL, FRAN 311 SCHOOL RD. INDIAN HARBOUR BCH FL 32937 City City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signatruse FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 WE MICHAND, MITCH 1735 SANDY COURT MERRITI ISLAND FL 32952 TITLE WERRITI ISLAND FL 32952 TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS TITLE WAWE STREET ADDRESS T | | 6. Name and Address of Curren | t Registered A | gent | | | 7. Name and Add | | | ed |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | HOPEV | VELL FRAN | | مسيرما با | _ | Name | | | <u></u> | |
| 2. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 2. Signatrure | 311 SCHOOL RD. | | | | | Street Address (I | P.O. Box Number is I | Not Acceptable) | | |
| ### Change Addition | ≥ INDIAN | HARBOUR BCH FL 32937 | | | - | | | | | |
| ### Change Addition | • | | | | - | City | | | | |
| SIGNATURE Signature, typoed or printed name of registered agent and life if applicable. (NOTE: Pegasered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 | 8. The above | ve named entity submits this | | | j | • | | FL | Zip Cod | ek |
| SIGNATURE Signature, typoed or printed name of registered agent and life if applicable. (NOTE: Pegasered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 | the oblig | pations of registered agent. | or the purpose | of changing its | registered | office or registere | ed agent, or both, in | the State of Florida. I am fa | ımiliar with | and accept |
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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 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS 885 IXORA DR.

EDTS

MELBOURNE FL 32935

SATELLITE BEACH FL 32937

HOPEWELL, FRAN

311 SCHOOL RD

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1-13-03 34-777-8484

Change

Addition