2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # N9700001364 1. Entity Name SO PEACEFUL INTERCOASTAL CHAPEL, INC. 04-22-2000 90047 018 ****61.25 Principal Place of Business Mailing Address 6999 NE 8 DRIVÉ 6999 NE 8 DRIVE **BOCA RATON FL 33487** BOCA RATON FL 33487-2414 Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0759548 Not Applicable \$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 Street Address (P.O. Box Number is No NELSON, RICHARD AddRESS Change -6999 NE-8-DRIVE BOGA RATON 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) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TITLE **NELSON, RICHARD** NAME 6999 NE-STH-DR STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF BOGA RATON FL 33487 ☐ Delete TITLE TITLE GOLDING, STEVE NAME NAME STREET ADDRESS 1475 W. CYPRESS CREEK RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 D ☐ Change ☐ Addition ☐ Delete TITLE TITLE SATCHELL, MARK-NAME NAME STREET ADDRESS STREET ADDRESS 443 HENDRICKS DR CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33301 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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 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 a ratiachment with an appears, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SCONDING OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/1/17000

Daytime Phone #