PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

To Name and Address of Current Registered Agent Name					
1. Cooperation Name Lincoln Road Marketing, Inc. 2. Principal Office Address 407 Lincoln Road 407 Lincoln Road 407 Lincoln Road 407 Lincoln Road 50th, Apr. 4, sec. 50th, Apr. 6, sec. 50th, Apr. 6, sec. 60th, Apr. 6, sec. 70th, Apr. 6, sec. 70th, Apr. 6, sec. 70th, Apr. 6, sec. 70th, Apr. 6, sec. 80th, Apr. 6, sec.		(SECOND PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PE	Secretary	y of State	
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City & State Milamii Beach, FL Zip 33139 Country Applicable Contract Finance Contract To Robert Address (P.O. Box Number is Not Acceptable) 407 Lincoin Road Suite Apri. F. Ec. Suite 9F City Milamii Beach FL 33139 State Zip Code 33139 BEGISTERED AGENT MUST SIGN P. Names and Street Addresses of Each Officer and/or Directors City of State / Zip Code Registered Agent Registere					
City & State Miamil Beach, FL Miamil Beach, FL Zip 33139 Country 33139 Country 33139 Country 33139 Country 33139 To Name and Address of Current Registered Agent Name Michael A. Comras Sireel Address (P.O. Box Number is Not Acceptable) 407 Lincoln Road Sure. Api. #: Etc. Suite 9F City Miamil Beach FL Signature of Registered Agent REGISTERED AGENT MUST SIGN P. Names and Surent Address of Each Officer and/or Director (Portion norprofit corporations must list at least 3 directors) Signature of Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registe	Suite 9F Suite		Suite 9F		Date Incorporated or Qualified To Do Business in Florida 04/04/1997
To Name and Address of Current Registered Agent Name		i Beach, FL		FL	65-0749141
Sireet Address (P.O. Box Number is Not Acceptable) 407 Lincoln Road Sulte, Aprl. #: Etc. Sulte 9F City Miami Beach Siste Zip Code 33139 6. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent of the above named corporation on the section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent of the above named corporation on the section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent of the above named or finds and or foliose of Each Officers and/or Directors Signature of Registered Agent Registered Agent	^{Ζφ} 3313		1 '	j '	6. S8.75 Additional Fee required
Michael A. Comras Street Address (P.O. Box Number is Not Acceptable) 407 Lincoln Road Sette. Apri. #. Etc. Suite 9F City Miami Beach 8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Director Officer and/or Director Officer Offic			7. Name and A	Address of Current Registe	tered Agent
Suite, Apr. #. Etc. Suite 9F City Miami Beach State State		Name Michael A. Comra	ns		
Suite, Apr. #. Etc. Suite 9F City Miami Beach State State		Street Address (P.O. Box Number is N	ot Acceptable)	,	
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