FILED DOCUMENT # POOCOO 9 246 Aug 08, 2001 8:00 am Secretary of State SUL Resources, Inc. 08-08-2001 90010 035 ***158.75 Principal Place of Business Mailing Address 00060916 Mailing Address 7611 Benj 7611 Benji DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For iss imme Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34747 usa USA istered Agent -7. Name and Address of New Registered Agent Mark J. Chmielarski no Blokham Aue Street Address (P.O. Box Number is Not Acceptable) Orange City, 4 32763 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President Addition ☐ Delete TITLE ☐ Change TITLE Bean M. Roach STREET ADDRESS STREET ADDRESS This Benji Rioge Tr CITY-ST-ZIP CITY-ST-7IP Kissimmer Fi 34747 Asst. VP) Trasmer Lisa K. Roach Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME 7611 Benji Ridge Tr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP simmer FL 3474 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

NAME

STREET ADDRESS

407620-7829

CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP