2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P0000010405 1. Entity Name BIG SKY INDUSTRIES IX. INC. 05-03-2001 91129 026 ***150.00 Principal Place of Business Mailing Address 201 S ORANGE AVE SUITE 910 201 S ORANGE AVE SUITE 910 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 211 Shell Point West 211 Shell Point West Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Maitland, FL Maitland, FL 59-3647275 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired **USA** 32751 Fee Required 32751 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOVI, DAVID M Street Address (P.O. Box Number is Not Acceptable) 319 CLEMATIS ST SUITE 812 WEST PALM BEACH FL 33401 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Presiden+ Addition Change TITLE ☐ Delete TITLE Ramon T. Chimelis NAME NAME STREET ADDRESS ZII Shell (Point W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Maitland Fr. 32751 ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 1; CITY-ST-ZIP CITY-ST-7IP □ Change ☐ Addition ☐ Delete TITLE

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

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

RAMON CHIMELIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

☐ Delete

Change

Change

☐ Addition

☐ Addition