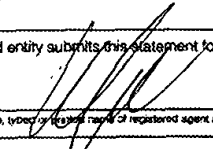
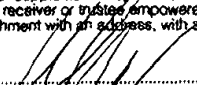


DOCUMENT # P00000010833
1. Entity Name HARROWOOD MANAGEMENT, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90406 024 ***150.00

Principal Place of Business		Mailing Address	
2. Principal Place of Business 6638 Grande Orchid Way		3. Mailing Address 6638 Grande Orchid Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33446	Country Palm Beach	Zip 33446	Country Palm Beach
4. FEI Number 65-0979439		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Marc Sporn	
		Street Address (P.O. Box Number is Not Acceptable) 6638 Grande Orchid Way	
		City Delray Beach	
		FL Zip Code 33446	
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		4-30-01 DATE	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 907, 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.			
SIGNATURE:  Signature, typed or printed name of signing officer or director		4-30-01 (561) 498-5130 DATE	

CR2E034 (11/00)