2003 FOR PROFIT CORPORATION

FILED May 07, 2003 8:00 am & Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000011964 DOCUMENT # 05-07-2003 90148 036 ***150 00 1. Entity Name CHANG'S GROUP, INC. Principal Place of Business Mailing Address 318 SARASOTA QUAY 318 SARASOTA QUAY SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 65-0981568 Not Applicable Zip Country Zip Country \$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 CHANG, TONY Street Address (P.O. Box Number is Not Acceptable) 318 SARASOTA QUAY SARASOTA FL 34236 ي کنتر City Zip Code 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME CHANG, TONY NAME STREET ADDRESS 2374 TURNBERRY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 TITI F ☐ Delete TITLE ☐ Change Addition NAME LIN, GEORGE H. S NAME STREET ADDRESS 18 GLASTONBURG PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAGUNA NIGUEL CA 92677 TITLE" TD : 🗔 - Delete -TITLE Change ☐ Addition NAME NAME CHANG, LI STREET ADDRESS STREET ADDRESS 2374 TURNBERRY COURT CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34109 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME CHANG, HSIN T STREET ADDRESS 2374 TURNBERRY COURT STREET ADDRESS CITY-ST-7IP COY-ST-7IP NAPLES FL 34109 ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like appowered.

CITY-ST-ZIP

SIGNATURE # SIGNATURE AND TYPED OF PRINTED NAME OF SIG

CITY-ST-ZIP

Date Daytime Phone #