2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State DOCUMENT # P0000017745 1. Entity Name JPPJ. INC. 05-11-2001 90445 030 ***150.00 Principal Place of Business Mailing Address 6108 S. DIXIE HIGHWAY 6108 S. DIXIE HIGHWAY UNIT 3A/3B 00049072 UNIT 3A/3B WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address 6108 S. DixIE HWY GIOY SIDNIE HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3 A 43 B UNIT 3 A13B UNIT City & State Applied For City & State 4. FEI Number 65-0983878 W.P.B Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 33405 U.3 A. Fee Required 7._Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOSEENANONTH, SUNTHI Street Address (P.O. Box Number is Not Acceptable) 320 CHURCHILL ROAD WEST PALM BEACH FL 33405 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change D Delete TITLE TITLE KOSEENANONTH. SUNTHI NAME NAME STREET ADDRESS STREET ADDRESS 320 CHURCHILL ROAD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Addition ☐ Change TITLE ☐ Delete NAME KOSEENANONTH, PRANOM NAME STREET ADDRESS STREET ADDRESS 320 CHURCHILL ROAD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 stall 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 his 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR