FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P0000039061 1. Entity Name OUTLOOK RESOURCES, INC. 4-23-2001 90108 039 ***150.00 Principal Place of Business Mailing Address 934 N. UNIVERSITY DRIVE #151 934 N. UNIVERSITY DRIVE #151 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 9770 W. Sample Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent **BOMAS, KRISTEN** Street Address (P.O. Box Number is Not Acceptable) 934 N. UNIVERSITY DRIVE #151 CORAL SPRINGS FL 33071 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. SIGNATURE nature, typed or printed name of registered agent and title if applicable OTE: 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. PD TITLE ☐ Delete TITLE Change Addition BOMAS, KRISTEN NAME NAME STREET ADDRESS STREET ADDRESS 934 N. UNIVERSITY DRIVE #151 CITY-ST-ZIP **CORAL SPRINGS FL 33071** CITY-ST-ZIP Grillo, Paul 9770 Wo Sample Rd. Coral Springs, FL 33065 TITLE SD ☐ Delete TITLE Addition NAME GRILLO, PAUL NAME STREET ADDRESS 934 N. UNIVERSITY DRIVE #151 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE ☐ Delete 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 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURÉ:

changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

empowered.

ddress, with all other !