2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P0000051436 1. Entity Name DLK INVESTMENTS, INC. 05-02-2001 90185 014 ***150.00 Mailing Address Principal Place of Business C/O ESKO PROPERTIES. INC. C/O ESKO PROPERTIES, INC. 305 ROYAL POINCIANA PLAZA 305 ROYAL POINCIANA PLAZA ~ 286.co~ PALM BEACH FL 33480 PALM BEACH FL 33480 3. Mailing Address 2. Principal Place of Business 340 ROYAL POINCIANA WAY 340 ROYALPOINCIANA WAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SWIE 305 SUITE 305 City & State 4. FEI Number Applied For City & State PALM BEACH *5*2-2241300 Not Applicable PALM BEACH , FL Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33480 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOHL, DOROTHY LEVINE Street Address (P.O. Box Number is Not Acceptable) 340 ROYAL POINCIANA WAY C/O ESKO PROPERTIES, INC. 305 ROYAL POINCIANA PLAZA SWITE 305 PALM BEACH FL 33480 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. DOROTHY KOHI SIGNATURE (NOTE: Registered Agent signature required when reinstating) me of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition X Change TITLE Delete 340 ROYAL POINCIANA WAY, SUITE 305 NAME KOHL, DOROTHY LEVINE NAME STREET ADDRESS 305 ROYAL POINCIANA PLAZA STREET ADDRESS CITY-ST-ZIP PALMBEACH, FL 33480 CITY-ST-ZIP PALM BEACH FL 33480 ☐ Addition Change 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 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 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.

R OR DIRECTOR

SIGNATURE: