2001 UNIFORM BUSINESS REPALIT (UBR) FILED May 16, 2001 8:00 am Secretary of State P00000055228 DOCUMENT # 1. Entity Name 05-16-2001 90251 002 ***150 00 RIGHT AWAY GROUP CORP. Principal Place of Business Mailing Address 318 INDIAN TRACE #214 318 INDIAN TRACE #214 WESTON, FL 33326 C0067835 WESTON, FL 33326 2. Principal Place of Business 3. Mailing Address 834 CHIMNEY ROCK ROAD 834 CHIMNEY ROCK ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For WESTON. FLORIDA WESTON, FLORIDA 65-1020334 Not Applicable ^{Zip}33327 Country \$8.75 Additional 33327 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE XZE034 (11/00) Delete TITLE PRESIDENT Change Addition NAME NAME CARLOS E. LOBO 834 CHINNEY ROCK ROAD STREET ADDRESS (318 (INDTAN) TRACE #214 Weston, (F1 33326 STREET ADDRESS CITY-ST-ZIP Weston, FL 33327 CITY-ST-ZIP VICEPRESIDENT TITLE ☐ Delete TITLE :Change PRESIDENT ☐ Addition HERNAN A. LINARES NAME HERNAN A. LINARES 834 CHIMNEY ROCK ROAD NAME STREET ADDRESS 318 INDIAN TRACE, #214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Weston,Fl 33326 Weston, Fl 33327 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truetand 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 trusted 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: