DOCUMENT # P0000068368 FILED 1. Entity Name Jan 16, 2001 8:00 am Secretary of State J.C. RELOCATION SYSTEM, INC. 01-16-2001 90100 002 ***150.00 Principal Place of Business Mailing Address 15550 SW 157TH ST. 15550 SW 157TH ST. MIAMI FL 33187 MIAMI FL 33187 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-1024635 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHANYING, JULIO Street Address (P.O. Box Number is Not Acceptable) 15550 SW 157TH ST. MIAMI FL 33187 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition CR2E034 (10/00 TITLE Delete TITLE PTD NAME NAME CHANYING, JULIO STREET ADDRESS STREET ADDRESS 15550 SW 157TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL 33187 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SVD NAME NAME CHANYING, JULIO A STREET ADDRESS STREET ADDRESS 15550 SW 157TH ST. CITY-ST-ZIP CiTY-ST-ZIP MIAMI-FL-33187 ☐ Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

SIGNATURE

JULIO CHANYING 1/9/01