FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 09, 2002 8:00 am Secretary of State **DOCUMENT#** P00000095094 1. Entity Name 09-09-2002 90009 025 ***550 00 BENCORE CONSULTING, INC. Principal Place of Business Mailing Address 1800 SUNSET HARBOUR DR #1211 1900 SUNSET HARBOUR DR #1211 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business Mailing Address 410 90 200 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State. 4. FEI Number Applied For 65-1051988 , Marin Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALBERTY, RICHARD ress (P.O. Box Number is Not Acceptable) 1800 SUNSET HARBOUR DR #1211 MIAMI BEACH FL 33139 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _ Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent gnature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 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 CR2E034 (4/02) ☐ Delete Addition NAME ALBERTY, RICHARD NAME STREET ADDRESS 1800 SUNSET HARBOUR DR #1211 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 closs 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 eath; that I am an officer or director of the corporation or the receiver 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: