| DOCUMENT # P0000099118  1. Entity Name WESTPORT BAY - MLC, INC.   |  |  |  |  | Secretary of State 03-28-2002 90353 015 ***158.75                                    |  |
|---|--|--|--|--|--|--|
| Principal Place of Business 9440 PHILLIPS HIGHWAY #9 JACKSONVILLE FL 32256  |  | Mailing Address 9440 PHILLIPS HIGHWAY #9 JACKSONVILLE FL 32256   |  |  |  |  |
|   |  | 3. Mailing Address  /3/30 Suffo  Suite, Apt. #, etc.  #/40 2   | n PK Dr                                  | .5   | DO NOT WRITE IN THIS SPACE   |  |
| City & Sta  | sonville . 7L  | City & State  Jackson ville,   | 7L                                       | 4.   | FEI Number 59-368 1924 Applied For Not Applicable                                    |  |
| Zip<br>3222   | Country  | - Zip  | Country                                  | 5.   | Certificate of Status Desired \$8.75 Additional Fee Required                         |  |
|   | 6. Name and Address of Current F   |  |  | 7. 1   | Name and Address of New Registered Agent   |  |
| MONTGOMERY, MITCHELL R 9440 PHILLIPS HIGHWAY #9  JACKSONVILLE FL 32256  8. The above named entity submits this statement for the purpose of changing its registered |  |  |  | Street Address (P.O. Box Number is Not Acceptable)  /3400 Sutton Pork  /102  City Jacksonvi//e FL Zip Code  stered office or registered agent, or both, in the State of Florida. |  |  |
| SIGNATURE   | Signature, typed or printed name of registered agent at                          | nd title if applicable. (NOTE:   | Registered Agent signal                  | ture required when re  | instating) DATE  |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)                                      |  | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta |  | 550.00   | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |  |
| 11.   | OFFICERS AND D   | DIRECTORS  | 12.                                      |  | DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>MONTGOMERY, MITCHELL R<br>9440 PHILLIPS HIGHWAY #9<br>JACKSONVILLE FL 32256 | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP    | 1  | Change Addition  J. Leinwah!  Sutton PK Ar 5 = 1402  Sonville, 71 32224              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP:  |  | □ Delete   | TITLE NAME STREET ADDRESS OF CHTY-ST-ZIP | Patsy<br>13400<br>Jack   | A. Hit & Drs #1402   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP    | DYP<br>mites<br>13400  | Sonville, 72 32224  holl Q. Montgomery  Sutton Park Dr 5 21402  Sonville, 76 32224   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  | ☐ Change ☐ Addition  |  |

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

Addition