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changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 01, 2002 8:00 am Secretary of State P00000107995 DOCUMENT # 1. Entity Name -01-2002 90169 043 \*\*\*150 00 KAREN HOLDEN, INC. Principal Place of Business Mailing Address 105 ISLAND DR. 105 ISLAND DR. PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE | Applied For 4. FEI Number 59-1111240 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 HOLDEN, KAREN Street Address (P.O. Box Number is Not Acceptable) 105 ISLAND DR. PONTE VEDRA BEACH FL 32082 Zin Code 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. (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE DPST ☐ Delete TITLE Addition NAME HOLDEN, KAREN NAME 12924 Biggir Clued RdS 105 ISLAND DR. STREET ADDRESS STREET ADDRESS JAX. FL 32224 PONTE VEDRA BEACH FL 32082 CITY-ST-7/E CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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 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