SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P00000108672 1. Entity Name MICHAEL BOYCE, INC. 04-30-2001 90414 039 ***150.00 Principal Place of Business Mailing Address 3900 NW 79TH AVE, STE 326 3900 NW 79TH AVE, STE 326 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite Apt #, etc DO NOT WRITE IN THIS SPACE City & State 465-10 5705 Gity & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CERRO, RAQUEL Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79TH AVE, STE 326 **MIAMI FL 33166** this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits 4-23-01 SIGNATURE typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee:will.be-\$550.00-Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Addition TITI F D NAME NAME CERRO, RAQUEL STREET ADDRESS STREET ADDRESS 3900 NW 79TH AVE, STE 326 CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33166** ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition | STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR