2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # PO1000036396. FILED 02 APR 30 PM 2: 38 ROYALTY PAINTING, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 6729 BRIDELWOOD CT#6 6729 BRIDELWOODCT 6 ROCA PUTONFL 33433 BOCA PLATON FL 33437 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country \$8.75 Additional Certificate of Status Desided Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRACU FRANCISCO 6729 BNDELWOOD GT #6 Street Address (P.O. Box Number is Not Acceptable) BOCK RATON FL 33433 Zip Code FI 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) 新疆 FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME BARNACO FRANCISCO Delete

STREET ADDRESS 6729 BUDELWOOD CT#6 TITLE Addition STREET ADDRESS CITY-ST-ZIP BOCK MATON FL 33433 CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****150.00 ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete me Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-71E TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- ZIF CITY-ST-ZIP 13. Thereby 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 inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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,