FILED 2002 Uniform Business Report (UBR) May 16, 2002 8:00 am Secretary of State DOCUMENT # P01000067994 ARMANDA'S TRUCK REPAIRS INC 05-16-2002 90061 035 ***150.00 Principal Place of Business Mailing Address 9833 NW IN The Way med Ley FL 33178 1140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1120603 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARMANDO F. Santona Street Address (P.O. Box Number is Not Acceptable) 7835 W 30 COURT \$206 Hralech, FL 3308 Zip 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. Trust Fund Contribution. (See criteria on back) Added to Fee OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D ARMANDO F Santana Delete TITLE' TITLE Addition NAME 7835 W 30 COURT #206 NAME STREET ADDRESS STREET ADDRESS Hialeah-FL 33018 CITY-ST-ZIP OLANIVED Santana Delete ☐ Change ☐ Addition NAME NAME 7835 W 30 COURT #206 STREET ADDRESS STREET ADDRESS Hraleah-FL 33018 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP I hereby certify that the information supplied with this filling 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,

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